



MARYLAND DEPARTMENT OF HEALTH
Developmental Disabilities Administration

GUIDELINES FOR SERVICE AUTHORIZATION and PROVIDER BILLING DOCUMENTATION

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MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
New Array of Employment Services (ES) Available: <ul style="list-style-type: none">- Dec 1, 2019 for initial transition group- July, 1 2020 for all participants	See individual services below	<i>New array of Employment Services (ES) includes:</i> <ul style="list-style-type: none">- <i>Discovery (3 milestones)</i><ul style="list-style-type: none">o <i>Assessment</i>o <i>Observations</i>o <i>Profile</i>- <i>Job Development (hourly)</i>- <i>Ongoing Job Supports (hourly)</i>- <i>Follow Along Supports (monthly payment)</i>- <i>Co-worker Employment Supports (monthly payment)</i>- <i>Self-Employment Development Supports (1 milestone)</i> <i>Other requirements</i> <ul style="list-style-type: none">- <i>Ongoing Job Supports include personal care (PC), behavioral supports (BS) and delegated nursing but may not comprise the entirety of the service.</i>- <i>ES do NOT include volunteering, apprenticeships or internships unless it is part of the discovery process and time limited.</i>- <i>ES do NOT include payment for supervision, training, supports and adaptations typically available to other workers.</i>	<i>See individual services below</i>	<i>See individual services below</i>	<i>Employment Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, or Transportation (except during Follow Along Supports) services.</i>



is currently employed and there is documentation in the PCP of intent to hire for a different job.

Service limits for Discovery Services are as follows:

- Discovery Services will be authorized once every 24 months unless the member experiences an unexpected life event that requires a discovery service more than once in a 24-month period.*

MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
				<ul style="list-style-type: none"> - Evidence of a team discussion and coordination. <p>Milestone #3: Completion of Milestone 1&2 and Discovery Profile to include:</p> <ul style="list-style-type: none"> - Compilation of information collected to-date, any additional activities that have occurred; AND, - A final summary outlining who the person is; AND - Picture, video, and/or written resume; AND - Team meeting and/or collaboration to compile all information into a final Employment Plan which includes recommended next steps. 	
ES - Job Development Rate:* \$81.92 Proc Code: CP Waiver W5658 (Traditional) W5659 (SD)	Hour Proc Code: CS Waiver W5660 (Traditional) W5661 (SD)	Supports to obtain competitive integrated employment in the general workforce, including: 1. Customized employment 2. Self-employment	<i>Service Authorization requirements for Job Development include the following:</i> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in high school; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services; AND 	<i>Required documentation for Job Development includes the following:</i> <ul style="list-style-type: none"> - Staff timesheets with start and end times and dates of service; AND - Documentation of tasks completed (both with and without the person) and their correlation toward goals of the person as stated in the 	

* Eligible for geographic rate differential.



MEANINGFUL DAY SERVICES					
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			<ul style="list-style-type: none">- Has a documented interest in Employment Services in their PCP; OR- Is currently employed and there is documentation in the PCP of interest in a different job. <p>Service limits for Job Development are as follows:</p> <ul style="list-style-type: none">- Services may be authorized for a limit of 8 hours a day and 40 hours per week including Career Exploration, Community Development Services, Day Habilitation, and Employment Services – Ongoing Job Supports.- Initial authorization should not exceed 90 hours.- Services can be authorized up to twice a year for a total of 180 hours.- DDA may authorize additional hours with another provider if documentation indicates that the provider did not put forth a good faith effort to identify opportunities that align with that person's Employment Plan and/or PCP.	<p>Employment Plan and/or PCP, i.e. service note.</p>	

[illegible]

* Eligible for geographic rate differential.



MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
ES - Ongoing Job Supports	Hour	Supports in learning and completing job tasks to successfully maintain a job including:	<i>Service Authorization requirements for Ongoing Job Supports include the following:</i> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in high school; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services. - There is documentation in the PCP that ongoing job supports are needed for the person to maintain employment; AND - The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA’s guidance. 	<i>Required documentation for Ongoing Job Supports includes the following:</i> <ul style="list-style-type: none"> - Staff timesheets with start and end times and dates of service; AND - Documentation of tasks completed and their correlation toward goals of the person as stated in the PCP, i.e. a service note. 	
Rate: \$63.53		<ul style="list-style-type: none"> - When beginning a new job; - After a promotion; - After a significant change in duties; AND/OR - When there is a change in circumstances, AND/OR, 			
Proc Code: CP Waiver W5666 (Traditional) W5667 (SD)	Proc Code: CS Waiver W5668 (Traditional) W5669 (SD)	Individualized supports a participant may need to successfully maintain their job	<i>When appropriate,</i> <ul style="list-style-type: none"> - A “Fading Plan”, that notes the anticipated number of support hours needed. 		
		Supports include:	<i>Service limits for Ongoing Job Supports are as follows:</i> <ul style="list-style-type: none"> - 10 hours a day and 40 hours per week including Career Exploration, Community Development Services, Day 		
		<ul style="list-style-type: none"> - Job coaching; - Facilitation of natural supports; - Ongoing job supports; - Systematic instruction; - Travel training; and - Personal care assistance, behavioral supports, and delegated nursing tasks, based on assessed need, to support the employment but may not comprise the entirety of the service. 			
		When appropriate, ongoing job supports must include a “fading plan” that notes the anticipated number of support hours needed.			

MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<i>Habilitation, and Employment Services- Job Development.</i>		
ES - Co-worker Employment Supports Rate: Cost of support Proc Code: CP Waiver W5670 (Traditional) W5671 (SD)	Month Upper Pay Limit (UPL) Proc Code: CS Waiver W5672 (Traditional) W5673 (SD)	Time-limited supports provided by the employer to assist the person with extended orientation and training. Supports are provided by a co-worker who may receive additional compensation. Compensation is at the discretion of the employer. Co-Worker supports are limited to the first three (3) months of employment, unless approved by DDA.	<i>Service Authorization requirements for Co-worker Employment Supports include the following:</i> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in high school; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services; - There is documentation in the PCP that co-worker employment supports are needed for the person to maintain employment; AND - The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA's guidance. <i>Service limits for Co-worker Employment Supports are as follows:</i> <ul style="list-style-type: none"> - Services may be authorized for the first three months of employment unless otherwise authorized by the DDA. 	<i>Required documentation for Co-Worker Employment Supports includes the following:</i> <ul style="list-style-type: none"> - Invoice from the employer documenting the services were provided and signed and dated by the person receiving services and the employee providing the services. 	



MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
ES - Self Employment Development Supports Rate:* \$474.23 Proc Code: CW Waiver W5674 (Traditional) W5675 (SD)	Milestone Proc Code: CS Waiver W5676 (Traditional) W5677 (SD)	Supports to develop a business and marketing plan.	<i>Service Authorization requirements for Self Employment Development Supports include the following:</i> <ul style="list-style-type: none">- The person is 18 years of age or older and no longer in high school;- The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services;- Has completed Discovery (must review the Discovery Milestones) and there is a recommendation to pursue self-employment produced from the 3 Discovery milestones. <i>Service limits for Self Employment Development Supports are as follows:</i> <ul style="list-style-type: none">- Self-Employment /Development Supports can be authorized 1 time per year; AND- Medicaid funds may NOT be used to defray the expenses associated with starting or operating a business.	<i>Required documentation for Self-Employment Development Supports includes the following:</i> <ul style="list-style-type: none">- Business and Marketing Plan that includes potential sources of business financing and other assistance in developing, launching and operating a business.	

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MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Supported Employment <u>Current Code</u> CP Waiver W2103 (Traditional) W5641 (SD)	Day <u>Current Code</u> CS Waiver W5642 (Traditional) W5643 (SD)	Community-based supports to obtain competitive integrated employment in the general workforce, including: 3. Customized employment; 4. Self-employment; 5. On-the-job training in work and work-related skills; 6. Facilitation of natural supports in the workplace; 7. Ongoing support and monitoring of the individual's performance on the job; 8. Training in related skills needed to obtain and retain employment such as using community resources and public transportation.	<i>Service Authorization requirements for Supported Employment include the following:</i> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in high school; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services; AND - Has a documented interest in employment in their PCP; OR - Is currently employed and there is documentation in the PCP of interest in a different job; OR - There is documentation in the PCP that: <ul style="list-style-type: none"> o Ongoing job supports are needed for the person to maintain employment; AND o The person and their team certify that the employment situation meets the criteria of competitive integrated employment outlined in DDA's guidance. <p>When appropriate,</p> <ul style="list-style-type: none"> - A "Fading Plan", that notes the anticipated number of support hours needed. 	<i>Required documentation for Job Development includes the following:</i> <ul style="list-style-type: none"> - Staff timesheets with start and end times and dates of service; AND - Documentation of tasks completed and their correlation toward goals of the person as stated in the PCP, i.e. service note. 	From July 1, 2018 through June 30, 2021, Supported Employment daily service units are not available: <ol style="list-style-type: none"> 1. On the same day a participant is receiving Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, or Employment Discovery & Customization services; and 2. At the same time as the direct provision of Behavioral Support Services, Community Living—Enhanced Supports, Community Living-Group Homes, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Service, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.



MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Employment Discovery & Customization <u>Current Code</u> CP Waiver W0218 (Traditional) W5651 (SD)	Day <u>Current Code</u> CS Waiver W5652 (Traditional) W5653 (SD)	A time limited comprehensive, person-centered, and community-based employment planning support service to identify the person's abilities, conditions, and interests including: <ul style="list-style-type: none"> - #1 - Assessment: Home visit, community survey, review of experience. - #2 - Observations: Of the person in at least 3 community settings. - #3 - Profile: Includes resume and job development plan. 	<i>Service Authorization requirements for Employment Discovery & Customization Services include the following:</i> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in high school; - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services; AND - Has a documented interest in employment or employment exploration in their PCP; OR - Is currently employed and there is documentation in the PCP of interest in a different job. - Activities must be completed within a six (6) month period unless otherwise authorized by the DDA. <i>Service limits are as follows:</i> <ul style="list-style-type: none"> - Discovery Services will be authorized once every 24 months unless the person experiences an unexpected life event that requires a discovery service more than once in a 24-month period. - Services may not exceed a maximum of eight (8) hours per day (including other Supported Employment, Career 	<i>Required Documentation includes:</i> #1: Assessment to include: <ul style="list-style-type: none"> - Documentation the person received a face to face visit; - Documentation of team discussion of the person's employment goals; - An environmental scan of job opportunities available to the person; AND - Documentation of record reviews for pertinent job experience, education and assessments. #2: Completion of # 1 and Community Observation to include: <ul style="list-style-type: none"> - Documentation of observations in 3 community-based situations; AND - Documentation of team discussion. # 3: Completion of # 1&2 and Discovery Profile to include: <ul style="list-style-type: none"> - Resume; AND - Job Development Plan. 	From July 1, 2018 through June 30, 2021, Employment Discovery and Customization services are not available: 1. On the same day a participant is receiving Career Exploration, Community Development Services, Day Habilitation, Medical Day Care, or Supported Employment services; and 2. At the same time as the direct provision of Behavioral Support Services, Community Living—Enhanced Supports, Community Living-Group Homes, Nurse Consultation, Nurse Health Case Management, Nurse Case Management and Delegation Service, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<i>Exploration, Community Development Services, and Day Habilitation services).</i>		
Community Development Services (CDS) <u>Current Code</u> CP Waiver W2116 (Traditional) W8333 (SD) Rates:* CDS 1:1- \$47.28 CDS 2:1- \$68.82 CDS Group (2-4) -\$17.77 FY2021 <u>Proc Code:</u> CP Waiver W8334 (Traditional) W8335 (SD)	Current - Day <u>Current Code</u> CS Waiver W8336 (Traditional) W8337 (SD) FY2021 -Hour FY2021 <u>Proc Code:</u> CS Waiver W8338 (Traditional) W8339 (SD)	Community based services that provide the person with development and maintenance of skills related to community membership through engagement in community-based activities with people without disabilities. Characteristics of the service include that it: - Must be provided in the community; - Provide opportunities to develop skills and increase independence related to community integration; - Promote positive growth and developing general skills and social supports necessary to gain, retain, or advance competitive integrated employment opportunities; AND - Only include personal care assistance and nurse health case management services, based on assessed need, when provided in combination with other allowable CDS activities; that is, personal care and nurse health case management services may not be the primary or only service provided during CDS.	<i>Service Authorization requirements for Community Development Services include the following:</i> - The person must be 18 years old and no longer in high school. - An individualized schedule will be used to provide an estimate of times associated with service activities that reflect the person's preferences and PCP goals; the schedule is used to determine the authorization of hours and is not intended to dictate the actual provision of services; AND - The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services. <i>Authorized staffing levels are determined by the person's needs.</i> - For people who do not require dedicated 1:1 or 2:1 staffing, the service may not be provided in a ratio greater than 1 to 4 people at a time. - For people with medical needs	<i>Required documentation for Community Development Services includes the following:</i> - Activity log listing all people in a group (limited to no more than 4 people) to include in and out times and the location of service provision; - Service note describing service/activities as authorized by the PCP; AND - Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed. <i>Required documentation for 1:1 and 2:1 staffing</i> - Audit trail should provide a link between the person and the staff providing the support; AND - Service notes must support the provision of services as specified in the BP and/or nursing care plan.	From July 1, 2018 through June 30, 2021, Community Development Services daily service units are not available: 1. On the same day a participant is receiving Career Exploration, Day Habilitation, Employment Discovery and Customization, Medical Day Care, or Supported Employment services; and 2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

* Eligible for geographic rate differential.



MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<ul style="list-style-type: none">○ 1:1: HRST documenting the need for 1:1 dedicated staff to be reviewed/authorized by RN.○ 2:1: HRST documenting the need for 2:1 dedicated staff to be reviewed/authorized by RN.- For people with behavioral needs<ul style="list-style-type: none">○ 1:1: HRST documenting the need for dedicated staff AND a BP specifying the provision of 1:1 supports.○ 2:1: HRST documenting the need for dedicated staff AND a BP specifying the provision of 2:1 supports. <p>Service limits for Community Development Services are as follows:</p> <ul style="list-style-type: none">- 8 hours per day; AND- 40 hours per week including Career Exploration, Day Habilitation, Supported Employment, Employment Discovery and Customization; Employment Services Job Development and Ongoing Job Supports. <p>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and</p>		Effective Dec 1, 2019, Community Development Services are not available at the same time as the direct provision of Career Exploration, Community Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.

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Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
			<p><i>Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.</i></p> <p><i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p>		
Day Habilitation Services <u>Current Code</u> CP Waiver W2102 (Traditional) W5786 (SD) Rates:* Day 1:1- \$49.50 Day 2:1- \$72.05 Day Small Group (2-5)- \$16.91	Current - Day <u>Current Code</u> CS Waiver W8342 (Traditional) W5787 (SD) FY2021 -Hour	Community and facility based services that provide the person with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and vocation and socialization, through application of formal teaching methods and participation in meaningful activities. Characteristics of the service include that it: <ul style="list-style-type: none"> - May be provided in a variety of settings in the community or a facility owned or operated by the provider agency; - Services cannot be provided in the person's home or other residential setting; AND 	<p><i>Service Authorization requirements for Day Habilitation Services include the following:</i></p> <ul style="list-style-type: none"> - <i>The person is 18 years of age or older and no longer in High School;</i> - <i>An individualized schedule will be used to provide an estimate of times associated with service activities that reflect the person's preferences and PCP goals; the schedule is used to determine the authorization of hours and is not intended to dictate the actual provision of services; AND</i> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of</i> 	<p><i>Required documentation for Day Habilitation Services includes the following:</i></p> <ul style="list-style-type: none"> - <i>Attendance log with in and out times;</i> - <i>Documented affirmation the service was provided, such as a service note or activity log and individualized schedules.</i> - <i>Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed.</i> 	From July 1, 2018 through June 30, 2021, Day Habilitation services are not available: <ol style="list-style-type: none"> 1. On the same day a participant is receiving Career Exploration, Community Development Services, Employment Discovery and Customization, Medical Day Care, or Supported Employment services; and 2. At the same time as the direct provision of Community Living—Enhanced Supports,

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Day Large Group (6-10)- \$11.77 FY 2021 Proc Code: CP Waiver W8341 (Traditional) W5886 (SD)	FY2021 Proc Code: CS Waiver W8343 (Traditional) W5887 (SD)	<ul style="list-style-type: none">- Day Habilitation services are provided Monday through Friday. <p>Note: Day Habilitation services may include personal care assistance and nurse health case management services, based on assessed need, when provided in combination with other allowable Day Habilitation activities; that is, personal care and nurse health case management services may not be the primary or only service provided during Day Habilitation.</p>	<p><i>Education, and Department of Human Services.</i></p> <p><i>Authorized staffing levels are determined by the person's needs.</i></p> <ul style="list-style-type: none">- <i>For people who do not require dedicated 1:1 or 2:1 staffing, the service is provided in</i><ul style="list-style-type: none">o <i>Small Group (2-5); OR</i>o <i>Large Group (6-10)</i>- <i>For people with medical needs</i><ul style="list-style-type: none">o <i>1:1: HRST documenting the need for 1:1 dedicated staff to be reviewed/authorized by RN.</i>o <i>2:1: HRST documenting the need for 2:1 dedicated staff to be reviewed/authorized by RN.</i>- <i>For people with behavioral needs</i><ul style="list-style-type: none">o <i>1:1: HRST documenting the need for dedicated staff; AND a BP specifying the provision of 1:1 supports.</i>o <i>2:1: HRST documenting the need for dedicated staff; AND a BP specifying the provision of 2:1 supports.</i> <p><i>Service limits for Day Habilitation Services are as follows:</i></p> <ul style="list-style-type: none">- <i>8 hours per day;</i>- <i>40 hours per week including Career Exploration, Community Development Services, Employment Services – Job Development, and Employment Services – Ongoing Job Supports; AND</i>- <i>Only available Monday – Friday.</i>		<p>Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.</p> <p>Effective Dec 1, 2019, Day Habilitation services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.</p>

MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
Career Exploration (CE) <u>Current Code</u> CP Waiver Facility Based W5680 Small Group W5678 Large Group W5679 FY2021 Rates:* Career Exploration Facility- \$11.28 Career Exploration Large Group- \$9.40 Career Exploration Small Group- \$11.20	Current - Day <u>Current Code</u> CS Waiver Facility Based W5686 Small Group W5684 Large Group W5685 FY2021 -Hour	Career Exploration are time limited services to help the person to learn skills to work toward competitive integrated employment, through: <ul style="list-style-type: none"> - Facility-Based Supports at a fixed site owned, operated, or controlled by a licensed provider or doing work under a contract being paid by a licensed provider and are only available Monday – Friday. - Small and Large Groups where people complete tasks under a contract with the provider at a community site not owned, operated or controlled by the licensed provider, i.e. enclaves, mobile crews: <ul style="list-style-type: none"> o Small: 2 – 8 people; OR o Large: 9 – 16 people. <p>Note: CE may include personal care assistance and nurse health case management services, based on assessed need, when provided in combination with other allowable CE activities; that is, personal care and nurse health case management services may not be the primary or only service provided during CE.</p>	<i>Service Authorization requirements for Career Exploration include the following:</i> <ul style="list-style-type: none"> - The person is 18 years of age or older and no longer in high school; - Prior to July 2018, the person <ul style="list-style-type: none"> o Has been working under a supported employment contract; OR o Has been working in a situation that is not competitive or integrated. o Has been receiving Day Habilitation or Supported Employment; AND - The person's PCP includes <ul style="list-style-type: none"> o An employment goal that outlines transition to competitive integrated employment AND o Documentation that the person has been informed of other meaningful day services. - A person must be reauthorized annually to receive this service. <p><i>Service limits for Career Exploration are as follows:</i></p> <ul style="list-style-type: none"> - In order for a person previously authorized for this service before July 1, 2019 to be reauthorized, they will need to maintain a current employment goal in their person- 	<p><i>Required documentation for Career Exploration includes the following:</i></p> <ul style="list-style-type: none"> - Attendance log to include in and out times; - Documented affirmation the service was provided, such as a service note; AND - Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed. <p><i>Required documentation for Small and Large Group Supports</i></p> <ul style="list-style-type: none"> - Attendance log listing all people in a group (Small: 2-8; Large: 9-16) to include in and out times and the location of service provision; - Documented affirmation the service was provided, such as a service note; AND - Providers should maintain copies of staff timesheets that document the presence of staff who provided the services under the hours billed. 	From July 1, 2018 through June 30, 2021, Career Exploration daily services units are not available: 1. On the same day a participant is receiving Community Development Services, Day Habilitation, Employment Discovery and Customization, Medical Day Care, or Supported Employment services; and 2. At the same time as the direct provision of Community Living—Enhanced Supports, Community Living-Group Homes, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services. Effective Dec 1, 2019, Career Exploration services are not available at the same time as the direct

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MEANINGFUL DAY SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Documentation	Conflicts
FY2021 Proc Code: CP Waiver Facility Based W5683 Small Group W5681 Large Group W5682	FY2021 Proc Code: CS Waiver Facility Based W5689 Small Group W5687 Large Group W5688		<i>centered plan, along with evidence that the person and the team is still working on the outlined trajectory toward competitive integrated employment outcomes.</i> <ul style="list-style-type: none">- <i>New people authorized for Career Exploration, after July 1, 2019, can be authorized for up to 720 hours for one plan year, with no ability to be reauthorized, unless approved by DDA due to extenuating circumstances; including:</i><ul style="list-style-type: none">o <i>At the end of the plan year, there were unused hours due to a health issue that the person experienced;</i>o <i>At the end of the plan year, there were unused hours because a previous provider did not provide the service hours as authorized. 8 hours per day; AND</i>- <i>40 hours per week including Community Development Services, Day Habilitation, Employment Services – Job Development, and Employment Services – Ongoing Job Supports.</i>- <i>Facility-based services are limited to Monday – Friday.</i>		provision of Community Development Services, Community Living—Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Services, Medical Day Care, Nurse Consultation, Personal Supports, Respite Care Services, Shared Living, Supported Living, or Transportation services.

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Assistive Technology and Services Rate: Cost of item, service, etc. Proc Code: CP Waiver W5690 (Traditional) W5691 (SD)	Items Upper Pay Limit (UPL) Proc Code: CS Waiver W5692 (Traditional) W5693 (SD) Proc Code: FS Waiver W5694 (Traditional) W5695 (SD)	Assistive Technology (AT) – An AT item, computer application, piece of equipment or product system that may be acquired commercially, modified, or customized. Assistive technology Services (ATS) – assistance in the selection, acquisition, use or maintenance of an AT device Included in AT: <ul style="list-style-type: none"> - Speech and communication devices also known as augmentative and alternative communication devices (AAC) such as speech generating devices, text-to-speech devices and voice amplification devices; - Blind and low vision devices such as video magnifiers, devices with optical character recognizer (OCR) and Braille note takers; - Deaf and hard of hearing devices such as alerting devices, alarms, and assistive listening devices; - Devices for computers and telephone use such as alternative mice and keyboards or hands-free phones; - Environmental control devices such as voice activated lights, lights, fans, and door openers; 	<i>Service Authorization requirements for Assistive Technology and Services include the following:</i> AT < \$1,000 <ul style="list-style-type: none"> - Does not require a formal assessment. - Documentation that the AT is to maintain, improve the person's functional abilities, enhance interactions, support meaningful relationships, promote independent living or participate in the community; - Documentation verifying the item(s) isn't covered under the Medicaid state plan such as a Durable Medical Equipment (DME), a stand-alone waiver service such as a vehicle or home modification, or available through another funding source such as Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), Maryland State Department of Education, and Maryland Department of Human Services; AND - The AT is not experimental or prohibited by State or Federal Authority. AT > \$1,000 <ul style="list-style-type: none"> - Documentation that the AT is to maintain, improve the person's functional abilities, enhance 	<i>Required documentation for Assistive Technology and Services includes the following:</i> All provider types <ul style="list-style-type: none"> - AT Assessment: Assessment signed and dated by the professional completing the assessment and an invoice that lists the person's name, date and signature. - Other ATS: Invoice that includes an itemized list of AT services, the person's name, date and signature of person or authorized representative acknowledging receipt. - AT: Invoice that includes an itemized list of AT, the person's name, date and signature acknowledging receipt. OHCDs <ul style="list-style-type: none"> - Documentation that the vendor meets all applicable provider qualifications and standards; AND - Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy. 	

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
		<ul style="list-style-type: none"> - Aides for daily living such as weighted utensils, adapted writing implements, dressing aids; - Cognitive support devices and items such as task analysis applications or reminder systems; - Remote support devices such as assistive technology health monitoring such as blood pressure bands and - oximeter and personal emergency response systems; AND - Adapted toys and specialized equipment such as specialized car seats and adapted bikes. <p>Included in ATS:</p> <ul style="list-style-type: none"> - Assistive Technology needs assessment; - Programs, materials, and assistance in the development of adaptive materials; - Training or technical assistance for the individual and their support network including family members; - Repair and maintenance of devices and equipment; - Programming and configuration of devices and equipment; 	<p><i>interactions, support meaningful relationships, promote independent living or participate in the community;</i></p> <ul style="list-style-type: none"> - <i>Documentation verifying the item(s) isn't covered under the Medicaid state plan such as a Durable Medical Equipment (DME), a stand-alone waiver service such as a vehicle or home modification, or available through another funding source such as Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), Maryland State Department of Education, and Maryland Department of Human Services;</i> - <i>The AT is not experimental or prohibited by State or Federal Authority; AND</i> - <i>An independent AT assessment that lists all AT that would be most effective to meet the person's needs; AND</i> <ul style="list-style-type: none"> o <i>Lowest cost option is selected; OR</i> o <i>An explanation of why the chosen option is cost effective.</i> <p><i>Payment rates for ATS must be customary and reasonable as established by DDA.</i></p> <p><i>The below costs are not included in the rate for Assistive Technology and Services:</i></p> <ul style="list-style-type: none"> - <i>Wheelchairs, architectural modifications, adaptive driving, vehicle modifications, and devices requiring a</i> 		

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
		<ul style="list-style-type: none"> - Coordination and use of assistive technology devices and equipment with other necessary therapies, interventions, or services in the Person-Centered Plan; AND - Services consisting of purchasing or leasing devices. 	<p><i>prescription by physicians or medical providers when these items are covered either through the Medicaid State Plan as Durable Medical Equipment (DME), a stand-alone waiver service (i.e. environmental modification and vehicle modifications), or through DORS;</i></p> <ul style="list-style-type: none"> - <i>Services, equipment, items or devices that are experimental or not authorized by the State or Federal authority; OR</i> - <i>Smartphones and associated monthly service line or data costs.</i> 		
Behavioral Support Services	See individual services below	<p><i>Behavioral Support Services are an array of services to assist people who are, or may experience difficulty as a result of behavioral, social, or emotional issues. These services seek to understand a person's challenging behavior and its function to develop a Behavior Plan with the primary aim of enhancing the person's independence and inclusion in their community.</i></p> <p><i>BSS includes:</i></p> <ul style="list-style-type: none"> - <i>2 services reimbursed as a milestone payment:</i> <ul style="list-style-type: none"> o <i>Behavior Assessment (BA); AND</i> o <i>Behavior Plan (BP). and</i> - <i>2 fee-for-service services:</i> <ul style="list-style-type: none"> o <i>Behavioral Consultation; AND</i> 	<i>See individual services below</i>	<i>See individual services below</i>	Behavioral Supports Services are not available at the same time as the direct provision of Community Living-Enhanced Supports or Respite Care services.

[illegible]

* Eligible for geographic rate differential.

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<ul style="list-style-type: none"> - People receiving Community Living-Enhanced Supports cannot receive a BA. - State funds may be authorized for the service if the person is not eligible for Medicaid and/or other modes of payment are unavailable. <p>Services limits for Behavioral Assessment are as follows:</p> <ul style="list-style-type: none"> - Only one BA will be authorized every 12- month period unless the quality of the assessment conducted by the provider did not meet DDA standards. 	<ul style="list-style-type: none"> - Description of challenging behaviors in behavioral terms (i.e. topography, frequency, duration, intensity, severity, variability, cyclical); AND - Specific hypotheses for the identified challenging behavior. 	
Behavioral Plan (BP) Rate: * \$1,346.64 Proc Code: CP Waiver W5710 (Traditional) W5711 (SD)	Milestone Proc Code: CS Waiver W5712 (Traditional) W5713 (SD)	The BP is developed that best addresses the function of the behavior, if needed based on DDA requirements.	<p>The behavioral plan will be authorized simultaneously with the behavioral assessment. However, the behavioral plan will only be reimbursed IF the assessment indicates a need for a behavioral plan.</p> <p>Additional requirements:</p> <ul style="list-style-type: none"> - For children under the age of 21, there must be documentation that these services are above and beyond what is available through EPSDT and are aimed at improving and maintaining the ability of the child to remain in and engage in community activities; and 	<p>Required documentation for the Milestone payment includes the following:</p> <ul style="list-style-type: none"> - Behavioral Assessment indicating the need for a formalize behavioral plan; AND - Recommended positive behavioral supports and implementation plan based on DDA requirements. 	Behavioral Supports Services are not available at the same time as the direct provision of Community Living-Enhanced Supports or Respite Care services.

* Eligible for geographic rate differential.





SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
	W5724 (Traditional) W5725 (SD)		<ul style="list-style-type: none">○ <i>The BP is no longer effective due to a change in needs.</i>- <i>People receiving Community Living Enhanced Supports cannot receive Behavioral Consultation</i> <p><i>When authorizing, note that monitoring is an essential part of this service and must occur as dictated by progress against identified goals but at least:</i></p> <ul style="list-style-type: none">- <i>Monthly for the first 6 months.</i>- <i>Quarterly after the first 6 six months.</i> <p><i>Service Limits</i></p> <ul style="list-style-type: none">- <i>8 hours per day</i> <p><i>Additional requirements:</i></p> <ul style="list-style-type: none">- <i>For children under the age of 21, there must be documentation that these services are above and beyond what is available through EPSDT and are aimed at improving and maintaining the ability of the child to remain in and engage in community activities; and</i>- <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i>	<p><i>(ex. Signature, check box, etc.); AND</i></p> <ul style="list-style-type: none">- <i>Providers are required to retain staff time sheets or payroll information documenting the provision of the services.</i>	



SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Brief Support Implementation Services (BSIS) Rate: * \$10.67 <u>Proc Code:</u> CP Waiver W5730 (Traditional) W5731 (SD)	15 Minute <u>Proc Code:</u> CS Waiver W5732 (Traditional) W5733 (SD) <u>Proc Code:</u> FS Waiver W5734 (Traditional) W5735 (SD)	Time-limited services to provide direct assistance and modeling to families, agency staff, and caregivers so they can independently implement the BP including: <ul style="list-style-type: none"> - On-site execution and modeling of behavioral support strategies; - Timely written feedback on the effectiveness of the BP; AND/OR - On-site meetings or instructional sessions with the person’s support network regarding BP. 	<i>Service Authorization requirements for Brief Support Implementation Services include the following:</i> <ul style="list-style-type: none"> - BSIS service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA; - Person has a formal BP as per DDA requirements; AND - There is a documented need for additional onsite execution and modeling of identified behavioral support strategies. - Brief Support Implementation Services cannot duplicate other services being provided (e.g. 1:1 supports). - People receiving Community Living Enhanced Supports cannot receive Brief Support Implementation Services. <i>Service limits for Brief Support Implementation Services are as follows:</i> <ul style="list-style-type: none"> - 8 hours per day. 	<i>Required documentation for BSIS includes the following:</i> <ul style="list-style-type: none"> - Staff timesheets or payroll information documenting the staff present during service provision of the service; - Notes that detail the specific support implementation services provided; AND - Signature/date of provider. 	Behavioral Supports Services are not available at the same time as the direct provision of Community Living-Enhanced Supports or Respite Care services.
Environmental Assessment (EA) Rate: \$399.92	Assessment (Milestone)	Environmental Assessment is an on-site evaluation with the person at his or her primary residence to determine if environmental modifications or assistive technology may be necessary in the participant’s home.	<i>Service Authorization requirements for Environmental Assessment include the following:</i> <ul style="list-style-type: none"> - For people in residential models including Community Living—Enhanced Supports and Community Living-Group 	<i>Required documentation for Environmental Assessment includes the following:</i> All provider types Typed assessment that includes:	

* Eligible for geographic rate differential.

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Proc Code: CP Waiver W5740 (Traditional) W5741 (SD)	Proc Code: CS Waiver W5742 (Traditional) W5743 (SD) Proc Code: FS Waiver W5744 (Traditional) W5745 (SD)	The assessment includes: <ul style="list-style-type: none"> - An evaluation of the person; - Environmental factors in the person's home; - The person's ability to perform activities of daily living; - The person's strength, range of motion, and endurance; - The person's need for assistive technology and or modifications; and - The person's support network, including family members' capacity to support independence. 	<p><i>Home services when they have NEW accessibility needs (e.g. grab bars, ramp, stair glide, etc.) and the service is necessary to support health, safety, access to the home, and independence;</i></p> <ul style="list-style-type: none"> - <i>May not be completed prior to waiver eligibility (exception: person is transitioning from an institution); AND</i> - <i>Documentation verifying the item(s) isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> <p><i>Service limits for Environmental Assessments are as follows:</i></p> <ul style="list-style-type: none"> - <i>Person may only receive one (1) EA annually.</i> 	<ul style="list-style-type: none"> - <i>A description of the EA process conducted on-site with the person in his/her primary residence;</i> - <i>Findings;</i> - <i>Recommendations for EM and/or AT; AND</i> - <i>Signature/date of provider.</i> <p>OHCDs</p> <ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i> - <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i> 	
Environmental Modifications Rate: Cost of item, service, etc. Proc Code: CP Waiver W5750 (Traditional) W5751 (SD)	Item Upper Pay Limit (UPL) Proc Code: CS Waiver W5752 (Traditional) W5753 (SD)	Environmental Modifications (EM) are physical modifications to a person's home designed to promote independent or create a safer healthier environment for the person. Includes: Grab bars, ramps, railings, warnings on walking surfaces, alert devices, adaptations to electrical, phone and lighting systems, widening of doorways	<p><i>Service Authorization requirements for Environmental Modifications include the following:</i></p> <ul style="list-style-type: none"> - <i>For people in residential models including Community Living—Enhanced Supports and Community Living-Group Home services when they have NEW accessibility needs (e.g. grab bars, ramp, stair glide, etc.) and the service is necessary to support health, safety, access to the home, and independence;</i> 	<p><i>Required documentation for Environmental Modifications includes the following:</i></p> <p><i>All provider types</i></p> <ul style="list-style-type: none"> - <i>Receipts for materials purchase and labor costs provided in an invoice; AND</i> - <i>EM that require a building permit require a complete inspection.</i> 	



SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
	Proc Code: FS Waiver W5754 (Traditional) W5755 (SD)	and halls, door openers, installation of lifts and stair glides, bathroom and kitchen modifications for accessibility, alarms or locks, protective coverings, Plexiglas, raised/lowered electrical switches and sockets, safety screen doors, training on use of modification and service and maintenance of modifications.	<ul style="list-style-type: none">- Documentation verifying the item(s) isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services;- Pre-approval from property manager or home owner that the person will be allowed to remain in the residence for at least one year; AND- Any restrictive modifications are approved in the person's approved BP. >\$2,000 <ul style="list-style-type: none">- EA assessment that recommends EM; AND- Unless otherwise approved by DDA, three (3) bids must be provided with the lowest bid selected. The below costs are not included in the rate for Environmental Modifications: <ul style="list-style-type: none">- Home improvements such as carpeting, roof repair, decks, air conditioning that are of general utility, not of direct medical or remedial benefit to the person.- EM that add to the home's total square footage unless the construction is directly related to the person's accessibility needs.	<ul style="list-style-type: none">- Signature by the provider and the person, or his or her authorized representative that the EM has been completed and is effective to meet the person's needs. OHCDs <ul style="list-style-type: none">- Documentation that the vendor meets all applicable provider qualifications and standards; AND- Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy. Note: If provided to a person transitioning from an institution – service is billed as a Medicaid administrative cost.	

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<ul style="list-style-type: none"> - EM provided by a family member or relative. - Purchase of a generator for use other than to support medical health devices used by the person that require electricity. <p>Service limits for Environmental Modifications are as follows:</p> <ul style="list-style-type: none"> - Costs of services must be customary, reasonable, and may not exceed a total of \$15,000 every three years. - Elevators are excluded from coverage 		
Family Caregiver Training & Empowerment Rate: Cost of item, training Proc Code: CP Waiver W5770 (Traditional) W5771 (SD)	Item Upper Pay Limit (UPL) Proc Code: CS Waiver W5772 (Traditional) W5773 (SD)	Family Caregiver Training & Empowerment includes: <ul style="list-style-type: none"> - Educational materials, training programs, workshops and conferences that help the family caregiver to: <ul style="list-style-type: none"> o Understand the disability of the person supported; o Achieve greater competence and confidence in providing supports; o Develop and access community and other resources and supports; o Develop or enhance key parenting strategies; o Develop advocacy skills; and 	Service Authorization requirements for Family Caregiver Training & Empowerment include the following: <ul style="list-style-type: none"> - Service must be provided to an unpaid family member who is providing support, training, companionship or supervision of the person; AND - Documentation verifying the services aren't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services. <p>Service Limits for Family Caregiver Training & Empowerment are as follows:</p> <ul style="list-style-type: none"> - Training is limited to 10 hours per year per person 	Required documentation for Family Caregiver Training and Empowerment includes the following: <ul style="list-style-type: none"> - A copy of the training or conference agenda, invoice detailing the costs of the training, conference or materials, and a signed and dated acknowledgement of the caregiver of attendance or receipt of materials. <p><i>*Note: OHCDs is not a qualified provider.</i></p>	

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
	Proc Code: FS Waiver W5774 (Traditional) W5775 (SD)	<ul style="list-style-type: none"> Support the person in developing self-advocacy skills 	<ul style="list-style-type: none"> <i>Educational materials and training programs, workshops and conference registration costs are limited to \$500 per person per year.</i> <p><i>The below costs are not included in the rate for Family Caregiver Training & Empowerment:</i></p> <ul style="list-style-type: none"> <i>Cost of travel, meals, or overnight lodging.</i> 		
Family and Peer Mentoring Supports Rate: \$52.39 Proc Code: CP Waiver W5760 (Traditional) W5761 (SD)	Hour Proc Code: CS Waiver W5762 (Traditional) W5763 (SD) Proc Code: FS Waiver W5764 (Traditional) W5765 (SD)	Peer and family mentors explain community services, programs, and strategies they have used to achieve persons' goals. Shared experiences provide support and guidance to the person and/or family members to navigate a broad range of community resources beyond those offered through the waiver with other waiver persons and their families. Limited in nature, service is aimed at providing support and advice based on lived experience of a family member or self-advocate. <ul style="list-style-type: none"> Family and Peer Mentoring Supports include supports to siblings from others with shared experiences. 	<i>Service Authorization requirements for Family and Peer Mentoring Supports include the following:</i> <ul style="list-style-type: none"> <i>Service need is identified in the person's PCP; AND</i> <i>Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> <p><i>Service limits for Family and Peer Mentoring Supports are as follows:</i></p> <ul style="list-style-type: none"> <i>Service is limited to 8 hours per day.</i> 	<i>Required documentation for Family and Peer Mentoring Supports includes the following:</i> <ul style="list-style-type: none"> <i>Provider time sheets or payroll records documenting the start/end time of staff/mentor providing services; AND</i> <i>For each block of consecutive units of service, document how the service performed relates to the PCP service authorization, i.e. service note.</i> <p><i>*Note: OHCDs is not a qualified provider.</i></p>	

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SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Proc Code: CP Waiver W5790 (SD) W5794 Staff Recruitment (SD)	Proc Code: CS Waiver W5793 (SD) W5792 Staff Recruitment (SD) Proc Code: FS Waiver W5791 (SD) W5795 Staff Recruitment (SD)	<p>advertisement efforts such as developing and printing flyers and using staffing registries</p> <p>Purchase of equipment or supplies for self-directing individuals that relate to a need or goal identified in the PCP, maintain or increase independence, promote opportunities for community living and inclusion, and are not available under a waiver service, Medicaid state plan, or another source.</p> <p>Include:</p> <ul style="list-style-type: none"> - Up to \$500 for staff recruitment; - Dental services recommended by a licensed dentist and not covered by health insurance, Fitness memberships and items, weight loss program services other than food; - Nutritional consultation and supplements recommended by a professional licensed in the relevant field; AND - Certain other goods and services that that meet the service requirements noted above. <p>Not Included:</p> <ul style="list-style-type: none"> - Items that have no benefit to the person; 	<ul style="list-style-type: none"> - <i>Service item:</i> <ol style="list-style-type: none"> 1. <i>Is related to a need or goal identified in the Person-Centered Plan;</i> 2. <i>Maintain or increase independence;</i> 3. <i>Promote opportunities for community living and inclusion;</i> 4. <i>Are not available under a waiver service or State Plan services.</i> - <i>Service item:</i> <ol style="list-style-type: none"> 1. <i>Decrease the need for Medicaid services,</i> 2. <i>Increase community integration,</i> 3. <i>Increase the participant's safety in the home, or</i> 4. <i>Support the family in the continued provision of care to the participant.</i> <p><i>Service limits for Individual and Family-Directed Goods and Services are as follows:</i></p> <ul style="list-style-type: none"> - <i>Up to \$5,500 per year from the total self-directed budget of which \$500 is dedicated to support people to recruit staff.</i> 	<ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider qualifications and standards;</i> - <i>Written assessment, behavioral or housing support plan, etc. as per required by specific service; and</i> - <i>Receipts for purchased items.</i> <p><i>Note: Transition services provided to an individual leaving an institution up to 180 days prior to moving is billed as a Medicaid administrative cost.</i></p>	



SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
		<ul style="list-style-type: none">- Utility charges;- Co-payment for medical services, over the counter medications, or homeopathic services;- Items used solely for entertainment or recreational purposes (e.g. televisions, video recorders, game stations, DVD player, and monthly cable fees);- Experimental or prohibited goods and treatments;- Monthly telephone fees;- Room & board, including deposits, rent, and mortgage expenses and payments;- Food;- Fees associated with telecommunications;- Tobacco products, alcohol, marijuana, or illegal drugs;- Vacation expenses;- Insurance; vehicle maintenance or any other transportation-related expenses;- Tickets and related costs to attend recreational events;- Personal trainers; spa treatments;- Goods or services with costs that significantly exceed community norms for the same or similar good or service;			

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
		<ul style="list-style-type: none"> - Tuition including post-secondary credit and non-credit courses; educational services otherwise available through a program funded under the Individuals with Disabilities Education Action (IDEA), including private tuition, Applied Behavioral Analysis (ABA) in schools, school supplies, tutors, and home schooling activities and supplies; - Staff bonuses and housing subsidies; - Subscriptions; - Training provided to paid caregivers; - Services in hospitals; - Costs of travel, meals, and overnight lodging for staff, families and natural support network members to attend a training event or conference; - Service animals and associated fees; - Additional units or costs beyond the maximum allowable for Medicaid or waiver services; OR - Therapeutic interventions to maintain or improve function including art, music, dance, and therapeutic swimming or horseback riding. 			



SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Live-In Caregiver Supports (Available under CP Waivers only) Proc Code: CP Waiver W5877 (Traditional) W5878 (SD)	Month (UPL)	Live-In Caregiver Supports includes: Rent and food costs of a live-in caregiver that is providing supports and services in the person's own home.	<i>Service Authorization requirements for Live-In Caregiver Supports include the following:</i> <ul style="list-style-type: none">- The person is not receiving Community Living-Group Home or Enhanced Supports, Supported Living or Shared Living Services;- Verification that the person has a valid rental agreement or home ownership and are not living in the home of family, the caregiver or a home that is owned or leased by a DDA licensed provider; AND- Written agreements including detailed service expectations, arrangement termination procedures, resources for unfulfilled obligations, and monetary considerations signed by the person and the caregiver.- If the person is receiving Section 8 rental assistance, documentation of the rental agreement and the section 8 status if the dwelling must be provided.- The monthly amount authorized is based on the HUD/fair market housing for rental costs.- Within a single-family dwelling unit, the difference in rental costs between a 1-bedroom and 2-bedroom (or 2-bedroom and 3- bedroom, etc.) unit based on the Fair Market Rent (FMR)	<i>Required documentation for Live-In Caregiver Supports includes the following:</i> OHCDs (only qualified provider) <ul style="list-style-type: none">- Invoice signed by the person or their guardian, including dates service was provided, the signature of the live-in caregiver, and statement that the services were successfully executed;- Documentation that the vendor meets all applicable provider qualifications and standards; AND- Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.	Live-In Caregiver Rent is not available to participants receiving support services in residential models, including Community Living-Enhanced Supports, Community Living-Group Home, Shared Living and Supported Living services.

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>for the jurisdiction as determined by HUD.</i></p> <ul style="list-style-type: none"> - <i>The monthly amount authorized for food is the USDA Monthly Food Plan Cost at the 2-person moderate plan level. See: https://www.fns.usda.gov/cnpp/usda-food-plans-cost-food-reports.</i> 		
<p>Nurse Consultation</p> <p>Rate: \$15.31</p> <p>Proc Code: CP Waiver W5801 (SD)</p>	<p>15 minute</p> <p>Proc Code: CS Waiver W5807 (SD)</p> <p>Proc Code: FS Waiver W5819 (SD)</p>	<p>Reviews information about self-directing the person's health; provides recommendations to the person on how to have these needs met in the community; and in collaboration with the person (who is the employer of record), recommends care protocols for the person to use when the person trains their staff.</p> <p>Service is provided to people who are self-directing services (SDS), to:</p> <ul style="list-style-type: none"> - Verify the accuracy of the HRST; - Conduct a comprehensive nursing assessment; - Identify health care issues; AND - Collaborate with the person/caregivers in protocol development. <p>Service does NOT include delegation of medication administration or treatment.</p>	<p><i>Service Authorization requirements for Nursing Consultation include the following:</i></p> <ul style="list-style-type: none"> - <i>The person is enrolled in SDS;</i> - <i>Over 21 years of age (under 22 – should be referred to EPSDT);</i> - <i>Living in his/her own home or family home; AND</i> <ul style="list-style-type: none"> o <i>Able to self-medicate;</i> o <i>Requires no medications or treatments; OR</i> o <i>Receiving supports from gratuitous (unpaid) caregivers and has no paid caregivers.</i> <p><i>Nurse Consultation Services cannot be provided:</i></p> <ul style="list-style-type: none"> - <i>In a DDA-licensed residential or day site.</i> - <i>If the person is in a placement where nursing services are provided as part of the services, including a hospital, nursing or rehabilitation facility.</i> - <i>If Rare and Expensive Case Management (REM) is providing staff</i> 	<p><i>Required documentation for Nursing Consultation includes the following:</i></p> <ul style="list-style-type: none"> - <i>A comprehensive assessment;</i> - <i>HRST that details training and service recommendations reviewed/updated initially, at every quarterly consultation, and PRN;</i> - <i>Documentation of the person's ability to self-medicate reviewed/updated at initial consultation and at least annually thereafter and PRN; AND</i> - <i>Health protocol recommendations reviewed/updated initially and PRN.</i> <p><i>Required as applicable to the need for and provision of services:</i></p>	<p>Nurse Consultation services are not available to participants receiving supports in other Nursing services, including Nurse Health Case Management and Nurse Case Management and Delegation Services.</p> <p>Nurse Consultation services are not available at the same time as the direct provision of Career Exploration, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Respite Care Services, Supported Employment, or Transportation services.</p>



* Eligible for geographic rate differential.

SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
		<p>Service includes:</p> <ul style="list-style-type: none"> - Review/Update HRST; - Complete a comprehensive nursing assessment; - Determine if person can self-medicate; - Determine if tasks can be delegated; - Provide recommendations to access health services and supports; - Ensure the person, the PCP team and providers have health information and recommendations related to the provision of health services (annual written report); - Develop health care plans and train, supervise, evaluate and remediate protocols for the provision of supports for <ul style="list-style-type: none"> o Activities of Daily Living (ADL); o Emergency interventions; AND/OR <ul style="list-style-type: none"> o Other health monitoring; - Monitor health services and health data; AND/OR - Telephone Triage. <p>In provision of Nurse Health Case Management Services, the RN will collaborate with the DDA licensed provider agency in the development of</p>	<p><i>provision of care; and (3) direct support professional staff performing health services are employed by a DDA-licensed community provider.</i></p> <p><i>Prior to initiation of the service, the Nurse Health Case Manager is required to determine that the person is able to perform self-medication and treatments. If unable to perform self-medication and treatments, the Nurse Health Case Manager is to: (1)(i) verify that the medications and treatments are provided for by unpaid supports; or (ii) that no medications/treatments are required; and (2) ensure that the direct support professional staff are employed by a DDA-licensed or DDA-certified community-based provider.</i></p> <p><i>This service is not available to a person if the person: (1) cannot perform self-medication and treatments; (2) medications and treatments are provided for by paid direct support staff; or (3) the direct support staff is not employed by a DDA community provider.</i></p>	<p><i>including training content, people trained, names of supervised staff and tasks they are responsible for supervising;</i></p> <ul style="list-style-type: none"> - <i>Documentation of collaboration with the health care providers and the person's clinical team including the name of the health care provider, names of team members and a description of the collaboration; AND</i> - <i>Documentation of review/monitoring of health services and health data.</i> <p><i>Required as applicable to the need for and provision of services:</i></p> <ul style="list-style-type: none"> - <i>Telephone triage.</i> - <i>Documentation within the person's file of recommendations for utilizing community resources.</i> - <i>Annual written report to the PCP team.</i> <p><i>Each continuous block of units must include the date of services and name and signature of the RN providing services.</i></p>	



SUPPORT SERVICES					
Service Name	Unit	Service Descriptions	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
		policies and procedures required for delegation of any nursing tasks.	<p><i>Nursing Health Case Management standalone support services cannot be provided:</i></p> <ul style="list-style-type: none">- <i>In a DDA-licensed residential or day site.</i>- <i>If the person is in a placement where nursing services are provided as part of the services, including a hospital, nursing or rehabilitation facility.</i>- <i>If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.</i> <p><i>Service limits for Nursing Health Case Management are as follows:</i></p> <ul style="list-style-type: none">- <i>Up to 4 hours per quarter or 64 15-minute units per year.</i>		

<p>Nurse Case Management and Delegation Services</p> <p>Rate:* \$21.68</p> <p>Proc Code: CP Waiver W5804 (Traditional) W5805 (SD)</p>	<p>15 minutes</p> <p>Proc Code: CS Waiver W5816 (Traditional) W5817 (SD)</p> <p>Proc Code: FS Waiver W5799 (Traditional) W5798 (SD)</p>	<p>Provides health case management AND delegates nursing tasks to unlicensed staff who are certified to administer medication and treatments.</p> <p>Service includes:</p> <ul style="list-style-type: none"> - Review/Update HRST; - Complete a comprehensive nursing assessment; - Determine if person can self-medicate; - Determine if tasks can be delegated; - Provide recommendations to access health services and supports; - Ensure the person, the PCP team and providers have health information and recommendations related to the provision of health services (annual written report); - Develop health care plans and train, supervise, evaluate and remediate protocols for the provision of supports for <ul style="list-style-type: none"> o Activities of Daily Living (ADL); o Emergency interventions; AND/OR o Other health monitoring; - Monitor health services and health data; - Telephone triage; AND - Delegation of nursing tasks; 	<p><i>Service Authorization requirements for Nursing Health Case Management and Delegation include the following:</i></p> <ul style="list-style-type: none"> - <i>A person may qualify for this service if he or she is either: (1) receiving services via the Traditional Services delivery model at a DDA-licensed community-based provider site, including residential, day, or employment type services; (2) receiving Personal Support services; or (3) enrolled in the Self-Directed Services Program.</i> <p><i>Additionally:</i></p> <ol style="list-style-type: none"> <i>1. The person's health conditions must be determined by the RN CM/DN to meet applicable delegation criteria (i.e. be chronic, stable, routine, predictable and uncomplicated) and nursing tasks are assessed to be eligible for delegation as per the Maryland Board of Nursing regulations.</i> <i>2. The person must require delegation as assessed by the RN as being unable to perform his or her own care.</i> <i>3. The RN CM/DN has determined that all tasks and skills required to be performed or assisted with are delegable and the interval of the RN CM/DN's assessment, training, and supervision allow for the safe delivery</i> 	<p><i>Required documentation for Nursing Health Case Management and Delegation includes the following:</i></p> <ul style="list-style-type: none"> - <i>A comprehensive assessment;</i> - <i>HRST that details training and service recommendations reviewed/updated initially, at every quarterly consultation, and PRN;</i> - <i>Documentation of the person's ability to self-medicate reviewed/updated at initial consultation and at least annually thereafter and PRN;</i> - <i>Health care plan developed at initial consultation and reviewed/updated every 90 days and PRN;</i> - <i>Documentation of training and staff remediation provided, including training content, people trained, names of supervised staff and tasks they are responsible for supervising;</i> - <i>Documentation of collaboration with the health care providers and the person's clinical team including the name of the health care provider, names of team members and a description of the collaboration;</i> 	<p>Nurse Case Management and Delegations Services are not available to participants receiving supports in other Nursing services including Nurse Consultation, and Nurse Health Case Management.</p> <p>Nurse Case Management and Delegation services are not available at the same time as the direct provision of Employment Discovery and Customization, Medical Day Care, or Transportation services.</p>
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* Eligible for geographic rate differential.

		<ul style="list-style-type: none"> ○ Assessment ○ Delegation ○ Training, supervision and remediation of unlicensed staff; AND <p>Provision of on call services to staff administering medication.</p>	<p><i>of delegated nursing services in accordance with Maryland Board of Nursing regulations.</i></p> <p><i>The person is over 21 years of age (under 22 – should be referred to EPSDT).</i></p> <p><i>Nursing Health Case Management & Delegation cannot be provided:</i></p> <ul style="list-style-type: none"> - <i>If the person is in a placement where nursing services are provided as part of the services, including a hospital, nursing or rehabilitation facility.</i> - <i>If Rare and Expensive Case Management (REM) is providing staff for the provision of nursing and health services.</i> <p><i>Service Authorization requirements for Nurse Case Management and Delegation Services standalone support:</i></p> <ul style="list-style-type: none"> - <i>In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the person's health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA's Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.</i> 	<ul style="list-style-type: none"> - <i>Documentation of review/monitoring of health services and health data; AND</i> - <i>Medication Administration Record (MAR).</i> <p><i>Required as applicable to the need for and provision of services:</i></p> <ul style="list-style-type: none"> - <i>Telephone triage.</i> - <i>Documentation within the person's file of recommendations for utilizing community resources.</i> - <i>Annual written report to the PCP team.</i> <p><i>Each continuous block of units must include the date of services and name and signature of the RN providing services.</i></p>	
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			<p><i>Service limits for Nursing Health Case Management and Delegation are as follows:</i></p> <ul style="list-style-type: none"> - <i>Assessment is minimally every 45 days but may be more frequent based on the MBON 10.27.11 regulation and the prudent nursing judgment of the delegating RN in meeting conditions for delegation.</i> 		
<p>Participant Education, Training, and Advocacy Supports</p> <p>Rate: Cost of training, etc.</p> <p>Proc Code: CP Waiver W5780 (Traditional) W5781 (SD)</p>	<p>Item</p> <p>Upper Pay Limit (UPL)</p> <p>Proc Code: CS Waiver W5782 (Traditional) W5783 (SD) Proc Code: FS Waiver W5784 (Traditional) W5785 (SD)</p>	<p>Participant Education, Training, and Advocacy Supports provides training programs, workshops and conferences that help the person develop skills</p> <p>Covered expenses include:</p> <ul style="list-style-type: none"> - Education/Training enrollment fees; - Books and educational materials; AND - Education related transportation. <p>Not Included:</p> <ul style="list-style-type: none"> - Tuition, airfare, cost of meals or overnight lodging 	<p><i>Service Authorization requirements for Participant Education, Training, and Advocacy Supports include the following:</i></p> <ul style="list-style-type: none"> - <i>Service need is identified in the person's PCP; AND</i> - <i>Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> <p><i>Service limits for Participant Education, Training, and Advocacy Supports are as follows:</i></p> <ul style="list-style-type: none"> - <i>Service is limited to 10 hours of training per person per year</i> - <i>The amount of training or registration fees is limited to \$500 per person per year.</i> 	<p><i>Required documentation for Participant Education, Training, and Advocacy Supports includes the following:</i></p> <p><i>A copy of the training or conference agenda, invoice detailing the costs of the training, conference or materials, and a signed and dated acknowledgement of the person of attendance or receipt of materials.</i></p> <p><i>*Note: OHCDs is not a qualified provider.</i></p>	<p>Participant Education, Training and Advocacy Supports are not available at the same time as the direct provision of Transportation services.</p>

<p>Personal Supports</p> <p><u>Current Code</u> CP Waiver W2133 (Traditional) W2137 (SD)</p> <p>Rate:* \$7.13 Enhanced Rate:† \$8.09</p> <p><u>FY21 Proc Code:</u> CP Waiver W5810 (Traditional) W2142 (Traditional Enhanced)</p> <p>W5811 (SD) W2139 (SD Enhanced)</p>	<p>15 minute</p> <p><u>Proc Code:</u> CS Waiver W5812 (Traditional) W2143 (Traditional Enhanced)</p> <p>W5813 (SD) W2140 (SD Enhanced)</p>	<p>Services assist people who live in their own or family homes with acquiring and building the skills necessary to maximize their personal independence. These services include:</p> <ul style="list-style-type: none"> - In home skills development; - Community integration and engagement skills development; AND - Personal care assistance services. <p>Personal care assistance services include assistance with activities of daily living and instrumental activities of daily living, which may include meal preparation and cleaning when the person is unable to do for themselves only when in combination with other allowable Personal Supports activities occurring.</p> <p>Enhanced Personal Supports rate may be provided, based upon a person's needs when:</p> <ul style="list-style-type: none"> - The person has an approved Behavioral Plan; and/or - The participant has a Health Risk Screening Score of 4 or higher. <p>From July 1, 2018 through June 30, 2021, transportation costs associated with the provision of legacy personal</p>	<p><i>Service Authorization requirements for Personal Supports include the following:</i></p> <ul style="list-style-type: none"> - <i>The person lives in their own home or their family's home;</i> - <i>The person needs habilitative supports for community engagement (outside of meaningful day services) or home skills development;</i> - <i>The person has exhausted all appropriate and available services through Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services;</i> - <i>Family and natural supports have been explored and exhausted; AND</i> - <i>This service is the most cost-effective service to meet the person's needs.</i> <p><i>Personal Supports cannot be authorized:</i></p> <ul style="list-style-type: none"> - <i>When PS supplants or duplicates CFC.</i> - <i>In lieu of respite or supervision.</i> - <i>If personal care comprise the entirety of the service.</i> <p><i>Supporting documentation to demonstrate assessed need for Personal Supports includes the following:</i></p> <ul style="list-style-type: none"> - <i>The number of hours requested must be commensurate with the outcomes, purpose, and services objectives</i> 	<p><i>Required documentation for Personal Supports includes the following:</i></p> <ul style="list-style-type: none"> - <i>Service note describing activities/supports that align with the PCP; AND</i> - <i>Start and stop time of the services provided will be documented in the EVV system maintained and provided by the Maryland Department of Health (MDH)/DDA.</i> - <i>Providers are required to retain staff time sheets or payroll information documenting the provision of the services.</i> 	<p>Personal Supports services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Respite Care Services, Supported Employment, Supported Living, or Transportation services.</p>
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* Eligible for geographic rate differential.



	<p>Proc Code: FS Waiver W5814 (Traditional) W2144 (Traditional Enhanced)</p> <p>W5815 (SD) W2141 (SD Enhanced)</p>	<p>supports rate outside the participant's home will be covered under the stand alone transportation services and billed separately.</p> <p>Beginning December 2019, transportation to and from and within this service is included within the new service rates or self-directed budget when new rates applied. Transportation will be provided or arranged by the provider or self-directing participant and funded through the rate system. The provider shall use the mode of transportation which achieves the least costly, and most appropriate, means of transportation for the individual with priority given to the use of public transportation when appropriate.</p>	<p><i>maintained in the person's PCP. The number of hours authorized will be determined based on:</i></p> <ul style="list-style-type: none"><i>Information provided in the person's schedule of activities; AND</i><i>Documented outcomes included in the PCP and the alignment of the supports requested with those outcomes.</i> <p><i>Personal Support Services includes the provision of supplementary care by legally responsible persons necessary to meet the person's exceptional care needs due to the person's disability that are above and beyond the typical, basic care for a legally responsible person would ordinarily perform or be responsible to perform on behalf of a waiver person.</i></p> <ul style="list-style-type: none"><i>Assessment of the person's age, exceptional care needs, outcome, and activities is needed.</i> <p><i>Service limits for Personal Supports are as follows:</i></p> <ul style="list-style-type: none"><i>Personal Support services are limited to 82 hours per week unless otherwise preauthorized by the DDA.</i><i>Legal guardians and relatives may not be paid for greater than 40-hours per week for services unless otherwise approved by the DDA.</i>		
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Remote Support Services Rate: Cost of item, service, etc. Proc Code: CP Waiver W5820 (Traditional) W5821 (SD)	Item Upper Pay Limit (UPL)	<p>Remote Support Services provide oversight and monitoring within the person's home through an off-site electronic support system in order to reduce or replace the amount of staffing a person needs while ensuring health and welfare.</p> <p>Remote Support Services (RSS) includes:</p> <ul style="list-style-type: none">- Electronic support system installation, repair, maintenance, and back-up system;- Training and technical assistance for the person and his/her support network;- Off-site system monitoring staff; AND- Stand-by intervention staff for notifying emergency personnel such as police, fire, and back-up support staff.	<p><i>Service Authorization requirements for Remote Support Services (RSS) include the following:</i></p> <ul style="list-style-type: none">- <i>Person is 18+ years old and is not receiving Community Living – Enhanced Supports or Shared Living;</i>- <i>Team has conducted a preliminary assessment to consider the person's goals, level of support needs, behavioral challenges, risks and benefits and other residents in the home and is documented in the person's PCP;</i>- <i>DDA approved RSS provider policies detailing procedures to ensure the person's health, welfare, independence, and privacy and system security;</i>- <i>Informed consent has been obtained from all people living in the home;</i>- <i>Unless exempted by DDA, demonstration that RSS cost no more than direct staffing; AND</i>- <i>Verification that RSS are done in real time by awake staff at a monitoring base using:</i><ul style="list-style-type: none">o <i>Live 2-way communication;</i>o <i>Motion sensing;</i>o <i>Radio frequency identification;</i>o <i>Web-based monitoring systems;</i><i>AND/OR</i>o <i>Other devices approved by DDA</i>	<p><i>Required documentation for Remote Support Services includes the following:</i></p> <p><i>All provider types</i></p> <ul style="list-style-type: none">- <i>Invoice that includes an itemized list of RSS, the person's name, date and signature of person or authorized representative acknowledging receipt.</i> <p><i>OHCDs</i></p> <ul style="list-style-type: none">- <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i>- <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i>	<p>Remote Support Services are not available to participants receiving support services in Community Living Enhanced Supports or Shared Living services.</p>
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			<i>Note: Time limited direct supports from the existing services are available during transition to remote monitoring. If a person has overnight supports and requests RSS in conjunction with overnight supports, this may be approved ONLY during a time-limited transition period of 90 days and the goal is to step down to only RSS.</i>		
Respite Care Rate: Hour – \$27.29* Daily - \$380.12 * Camp – UPL Proc Code: CP Waiver CP-Hourly W5830 (Traditional) W5831 (SD) CP – Daily W5840 (Traditional) W5823 (SD)	Hour Daily Item Proc Code: CS Waiver CS- Hourly W5832 (Traditional) W5833 (SD) CS – Daily W5841 (Traditional) W5825 (SD)	Respite Care is short-term care intended to provide both the family or other primary caregiver and the person with a break from their daily routines. Respite can be provided in: <ul style="list-style-type: none"> - The person's own home, - The home of a respite care provider, - A licensed residential site, - State certified overnight or youth camps, OR - Other settings and camps as approved by DDA. Not included: <ul style="list-style-type: none"> - Fees associated with respite such as membership fees at a recreational facility, community activities or insurance fees. - Habilitative supports or activities 	<i>Service Authorization requirements for Respite Care include the following:</i> <ul style="list-style-type: none"> - Description of support needed; - Cannot be used to replace day care while the person's parent or guardian is at work; - The person is not receiving Community Living-Group Home or Enhanced Supports, Supported Living or Rare and Expensive Medical Care (REM); AND - Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services. - Payment rates must be customary and reasonable as established by DDA. <i>Service limits for Respite Care are as follows:</i> <ul style="list-style-type: none"> - Respite care services hourly and daily total hours may not exceed 720 hours 	<i>Required documentation for Respite Care includes the following:</i> <i>Person's own home</i> <ul style="list-style-type: none"> - Time Sheet signed/dated by provider <i>Home of provider or licensed site</i> <ul style="list-style-type: none"> - Attendance log with person in and out times. <i>Non-camp settings</i> <ul style="list-style-type: none"> - A service note must be included for each continuous span of units that document caregiver relief. The note should be written, signed, and dated by the person providing the respite and by the caretaker. <i>Camp:</i> <ul style="list-style-type: none"> - The provider must document verification that the respite 	Respite Care Services are not available to participants receiving support services in Community Living Enhanced Supports, Community Living-Group Home, or Supported Living services. Respite Care Services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports, Supported Employment, Supported Living, or Transportation services.

* Eligible for geographic rate differential.



CP - Camp W5850 (Traditional) W5851 (SD)	CS -Camp W5852 (Traditional) W5853 (SD) <u>Proc Code:</u> FS Waiver FS- Hourly W5834 (Traditional) W5835 (SD) FS – Daily FY2020 W5842 (Traditional) W5827 (SD) FS - Camp W5854 (Traditional) W5855 (SD)		<i>within each plan year unless otherwise authorized by the DDA.</i> <i>- Camp cannot exceed \$7,248 within each plan year.</i>	<i>camp was provided (an affirmative verification) and paid.</i> <i>*Note: OHCDs is not a qualified provider.</i>	
Support Broker Rate: \$40.00 (Reasonable and Customary Range)	Hour	Employer related information, coaching, and advice for a participant in support of self-direction to make informed decisions related to day-to-day management of staff providing services and available budget. Services include: - Information, coaching, and mentoring	<i>Service Authorization requirements for Support Broker include the following:</i> <i>- Person is self-directing services;</i> <i>- Service need is identified in the person's PCP.</i> <i>Note that Support Broker Services are an optional service for people who self-direct.</i>	<i>Required documentation for Support Broker Services includes the following:</i> <i>FMS requirements include:</i> <i>- Documentation that the Support Broker meets all applicable</i>	



<p>Proc Code: CP Waiver W5888 (SD)</p>	<p>Proc Code: CS Waiver W5889 (SD)</p> <p>Proc Code: FS Waiver W5890 (SD)</p>		<p><i>Service limits for Support Broker Services are as follows:</i></p> <ul style="list-style-type: none"> - Initial orientation and assistance up to 15 hours; - Information, coaching, and mentoring up to 4 hours per month unless otherwise authorized by DDA. - Additional assistance, coaching, and mentoring may be authorized based on extraordinary circumstances when there significant changes in the participant's health or medical situation. <p><i>Service hours must be necessary, documented, and evaluated by the team.</i></p>	<p><i>provider qualifications and standards;</i></p> <ul style="list-style-type: none"> - Time sheet with description of support provided noted 	
<p>Transition Services</p> <p>Rate: Item, service, etc.</p> <p>Proc Code: CP Waiver W5860 (Traditional) W5861 (SD)</p>	<p>Item</p> <p>Upper Pay Limit (UPL)</p>	<p>Transition Services are allowable expenses related to moving from:</p> <ol style="list-style-type: none"> 1. An institutional setting to a group home or private residence in the community, for which the person or his or her legal representative will be responsible; or 2. Community residential provider to a private residence in the community, for which the person or his or her legal representative will be responsible. <p>Included:</p> <ul style="list-style-type: none"> - Security deposits that is required to obtain a lease on an apartment or home; 	<p><i>Service Authorization requirements for Transition Services include the following:</i></p> <ul style="list-style-type: none"> - Documentation in the PCP that the person is unable to pay for or obtain assistance from other sources for transition related costs; - Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services; - Log of items requested to be reviewed/authorized by DDA; AND - Transition services are furnished only to the extent that they are reasonable, 	<p><i>Required documentation for Transition Services includes the following:</i></p> <p><i>Receipts which reconcile with the approved log of items, to include the person's name, date and signature acknowledging receipt of the goods purchased within 60 days of the move.</i></p> <p><i>OHCDs</i></p> <ul style="list-style-type: none"> - Documentation that the vendor meets all applicable provider qualifications and standards; AND 	



		<ul style="list-style-type: none">- Reasonable cost, as defined by the DDA, of essential household goods;- Fees or deposits associated with set-up of essential utilities - telephone, electricity, heating and water;- Cost of services necessary for the person's health and safety, such as pest removal services and one-time cleaning prior to moving in; AND/OR- Moving expenses. <p>Not included:</p> <ul style="list-style-type: none">- Monthly rent or mortgage, food, telephone fees, regular utility charges, and entertainment costs, such as cable fees;- Items purchased from the person's relatives, legal guardians or other legally responsible person; AND/OR- Payment for room and board. <p>Note: The person will own all of the items purchased under this service and the items shall transfer with the person to his or her new residence and any subsequent residence. If the participant no longer wants any item purchased under this service, the item shall be returned to the DDA unless otherwise directed.</p>	<p><i>necessary and based on the person's needs.</i></p> <p><i>Service limits for Transition Services are as follows:</i></p> <ul style="list-style-type: none">- <i>\$5,000 lifetime limit unless authorized by DDA.</i>- <i>Transition items and goods must be procured within 60 days after moving.</i>	<ul style="list-style-type: none">- <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i> <p><i>Note: Transition services provided to an individual leaving an institution up to 180 days prior to moving is billed as a Medicaid administrative cost.</i></p>	
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<p>Transportation Services</p> <p>Rate: Service, prepaid card, etc.</p> <p>Proc Code: CP Waiver W5862 (Traditional) W5863 (SD)</p>	<p>Item</p> <p>Upper Pay Limit (UPL)</p> <p>Proc Code: CS Waiver W5864 (Traditional) W5865 (SD)</p> <p>Proc Code: FS Waiver W5856 (Traditional) W5870 (SD)</p>	<p>Transportation services are designed to improve the person's and the family caregiver's ability to independently access community activities within their own community in response to needs identified through the Person-Centered Plan.</p> <p>Transportation Services can include:</p> <ul style="list-style-type: none"> - Orientation to using other senses or supports for safe movement; - Accessing Mobility and volunteer transportation services; - Travel training; - Transportation services including: public and community transportation, taxi services, and non-traditional transportation providers; - Purchase of prepaid transportation vouchers and cards; AND/OR - Mileage reimbursement for transportation provided by another individual using their own car. <p>Not included:</p> <ul style="list-style-type: none"> - Payment to spouses or legally responsible individuals for furnishing transportation services. 	<p><i>Service Authorization requirements</i> <i>Transportation Services include the following:</i></p> <ul style="list-style-type: none"> - <i>Person lives in their own home or their family's home</i> - <i>Description of transportation services and frequency to access community activities within their own community</i> - <i>Transport within a person's own community and is not transportation related to a medical service; AND</i> - <i>Documentation verifying service isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> <p><i>Service limits for Transportation Services are as follows:</i></p> <ul style="list-style-type: none"> - <i>\$7,500 annual limit for people using traditional services.</i> - <i>For people self-directing their services, the transportation budget is based on their need while considering their preferences and funds availability from their authorized Person-Centered Plan and budget.</i> 	<p><i>Required documentation for Transportation Services includes the following:</i></p> <p><i>All Orientation services, accessing mobility and volunteer transportation services, travel training documentation includes:</i></p> <ul style="list-style-type: none"> - <i>Timesheet signed and dated by the provider; AND</i> - <i>Service note describing the service provided.</i> <p><i>All Prepaid transportation vouchers and cards documentation includes:</i></p> <ul style="list-style-type: none"> - <i>Receipt(s) signed/dated by the person acknowledging receipt.</i> <p><i>All Mileage reimbursement documentation includes:</i></p> <ul style="list-style-type: none"> - <i>Mileage log to include travel date and signature of the provider and the person.</i> <p><i>OHCDs also require:</i></p> <ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i> - <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i> 	<p>Transportation services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Personal Supports (beginning July 1, 2020), Respite Care, Shared Living, Supported Employment, or Supported Living services.</p>
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<p>Vehicle Modifications (VM)</p> <p>Rate: Service, item, etc.</p> <p>Proc Code: CP Waiver W5871 (Traditional) W5872 (SD)</p>	<p>Item</p> <p>Upper Pay Limit (UPL)</p> <p>Proc Code: CS Waiver W5873 (Traditional) W5874 (SD)</p> <p>Proc Code: FS Waiver W5875 (Traditional) W5876 (SD)</p>	<p>Vehicle Modifications are adaptations or alterations to a vehicle that is the person's or the person's family's primary means of transportation.</p> <p>Vehicle Modifications may include:</p> <ul style="list-style-type: none"> - Assessment to determine specific needs of the person as a driver or passenger, review modification options, and develop a prescription for required modifications of a vehicle; - Assistance with modifications to be purchased and installed in a vehicle owned by or a new vehicle purchased by the person, or legally responsible parent of a minor or other caretaker as approved by DDA; - Non-warranty vehicle modification repairs; AND - Training on use of the modification. 	<p><i>Service Authorization requirements for Vehicle Modifications include the following:</i></p> <ul style="list-style-type: none"> - <i>Proof of vehicle registration/ownership to the person or legally responsible parent of a minor or other primary caretaker;</i> - <i>Assessment recommending the needed modification (unless Division of Rehabilitation Services ("DORS") assessment has been completed in the past year);</i> - <i>Documentation in the person's PCP the changes are a necessary component of achieving the PCP outcomes;</i> - <i>A prescription for vehicle modification completed by a qualified provider;</i> - <i>With new/used vehicle purchase in which the portion of the cost for the modification is request there must be a cost breakdown that specifies the cost of the modification; AND</i> - <i>Documentation verifying the vehicle modification isn't covered under the Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services.</i> <p><i>Authorized costs of assessment, repairs and modification training must be customary and reasonable as established by DDA.</i></p> <p><i>The below costs are not included in the rate for Vehicle Modification:</i></p>	<p><i>Required documentation for Vehicle Modifications includes the following:</i></p> <p><i>All Provider Types</i></p> <ul style="list-style-type: none"> - <i>Vehicle Modifications: Verification that the modified vehicle meets safety standards.</i> - <i>All VM Services:</i> <ul style="list-style-type: none"> - <i>Invoice that includes an itemized list of VM Services, provider's signature, date and signature of person or authorized representative acknowledging receipt; AND</i> - <i>Retain assessment, prescription for vehicle modification, and cost breakdown as applicable.</i> <p><i>OHCDs</i></p> <ul style="list-style-type: none"> - <i>Documentation that the vendor meets all applicable provider qualifications and standards; AND</i> - <i>Signed, dated OHCDs / Qualified Provider Agreement that meets the specifications of DDA policy.</i> 	
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			<ul style="list-style-type: none"> - Purchase of new/used vehicles, general vehicle maintenance or repair, State inspections, insurance, gas, fines, tickets or warranty purchase. - VM purchased by the program that have been damaged in an accident. - Modifications to provider owned vehicles. <p>Service limits for Vehicle Modifications are as follows:</p> <ul style="list-style-type: none"> - Must be within the \$15,000 ten-year limit. 		
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RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Community Living-Group Home Support <u>Current Code</u> CP Waiver W2101 (Traditional) Rate:* Based on number of people with	Day	Community Living-Group Home Support services provide the person with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, and socialization, through application of formal teaching methods in a community residential setting. The service include: 1. Support for learning socially acceptable behavior; effective communication; self-direction	<p><i>The following criteria will be used for new persons to access Community Living – Group Home services:</i></p> <ol style="list-style-type: none"> 1. Person has critical support needs that cannot be met by other residential or in-home services and supports; 2. This residential model is the least restrictive and most cost-effective service to meet needs; AND 3. The person meets one of the following criteria: a) He or she currently lives on his or her own and unable to care for himself or 	<p><i>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day.</i></p> <p><i>Documentation requirements for Community Living-Group Home Support includes the following:</i></p> <ul style="list-style-type: none"> - Attendance log acknowledging that the person was in the home at least 6 hours; AND - Documented affirmation the service was provided; examples 	Community Living—Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living,

* Eligible for geographic rate differential.

RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
<p>Overnight Support:</p> <p>1- \$531.80 2- \$412.25 3- \$353.26 4- \$325.97 5- \$301.77 6- \$295.97 7- \$288.45 8- \$282.82</p> <p>Rate:* Based on number of people with No Overnight Support:</p> <p>1- \$293.71 2- \$246.76 3- \$231.11 4- \$223.28 5- \$218.59 6- \$215.46 7- \$213.22 8- \$211.54</p> <p>FY2021 Proc Code: CP Waiver W5600 (Traditional)</p>		<p>and problem solving; engaging in safety practices; performing household chores in a safe and effective manner; performing self-care; and skills for employment;</p> <p>2. Transportation to and from and within this service is included within the services; and</p> <p>3. Nurse Case Management and Delegation Services.</p> <p>Services are provided in a provider owned or operated group home setting.</p>	<p><i>herself even with services and supports;</i></p> <p><i>b) He or she currently lives on his or her own or with family or other unpaid caregivers and such living situation presents an imminent risk to his or her physical or mental health and safety or the health and safety of others;</i></p> <p><i>c) The person is (i) homeless and living on the street; (ii) has no permanent place to live; or (ii) at immediate risk of homelessness or having no permanent place to live;</i></p> <p><i>d) The Person currently lives with family or other unpaid caregivers and documentation exists that in-home services available through the other waiver services would not be sufficient to meet the needs of the person;</i></p> <p><i>e) The person's family's or unpaid caregiver's health changes significantly where the primary caregiver is incapacitated and there is no other available caregiver. Examples of such significant health changes include a long-term illness or permanent injury;</i></p> <p><i>f) There is no family or unpaid caretaker to provide needed care;</i></p> <p><i>g) There is a risk of abuse or neglect to the person in his or her current living</i></p>	<p><i>include but are not limited to: MAR, service notes, etc.</i></p> <p><i>Providers are required to retain:</i></p> <ul style="list-style-type: none"> <i>- Staff time sheets or payroll information documenting the provision of the base staffing hours specified for the home;</i> <i>- Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND</i> <i>- Documentation that staff meet all qualifications as required for this specific service and DDA.</i> 	Supported Employment, Supported Living, or Transportation services.



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>situation as evidenced by: (1) recurrent involvement of the Child Protective Services (CPS) or Adult Protective Services (APS) as documented by the case manager that indicates the person's health and safety cannot be assured and attempts to resolve the situation are not effective with CPS or APS involvement or (2) removal from the home by CPS or APS;</i></p> <p><i>h) With no other home or residential setting available, the person is: (1) ready for discharge from a hospital, nursing facility, State Residential Center, psychiatric facility, or other institution; (2) ready for release from incarceration; (3) residing in a temporary setting such as a shelter, hotel, or hospital emergency department (4) transitioning from a residential school; or (5) returning from an out of State placement; or</i></p> <p><i>i) Extenuating circumstances.</i></p> <p><i>If the person is living in their own, or a family home:</i></p> <ul style="list-style-type: none"><i>- Documentation that CFC and personal supports have been explored and are insufficient to meet the person's needs; OR</i>		



RESIDENTIAL SERVICES					
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			<ul style="list-style-type: none">- Documentation that the person's health and welfare is jeopardized in their current living situation. Examples of documentation include APS referrals, increased ER visits, critical incident reports, etc. <p>If the person is in an institutional setting or homeless:</p> <ul style="list-style-type: none">- Documentation that less restrictive living options have been explored and cannot meet the person's needs. <p>Providers may request authorization to NOT staff a group home overnight. If authorized to NOT staff a group home, the rate without overnight supports is applied. Requests to "turn off" overnight direct staff must be reviewed and may be approved by the regional office if ALL conditions are met:</p> <ul style="list-style-type: none">- All people living in the home acknowledge they do not want to receive overnight supports;- The provider acknowledges that overnight direct staff are not necessary to ensure the health and safety of people living in the home;- HRST for every person living in the home documents that each person		



RESIDENTIAL SERVICES					
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			<p><i>can self-administer medication, toilet, and ambulate; AND</i></p> <ul style="list-style-type: none"><i>- Documentation of a fire drill completed at night (after 10 P.M.) within the previous 365 days confirms that every person living in the house was able to evacuate timely without assistance.</i><i>- When Remote Support Services (RSS) is used as an alternative to overnight direct staffing, the RSS service authorization requirements must also be met.</i> <p><i>The regional office may exercise discretion in determining whether there is a safety risk associated with not providing overnight direct staff and has the authority to deny requests to provide services without overnight supports.</i></p> <p><i>Service Authorization requirements for Nurse Case Management and Delegation Services standalone support:</i></p> <ul style="list-style-type: none"><i>- In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the person's health status or after discharge from a hospital or skilled nursing facility, the request is</i>		



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>reviewed by DDA's Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.</i></p> <p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.</i></p> <p><i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p>		



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Community Living-Group Home Support: Dedicated Hours Rate:* 1:1- \$39.99 2:1- \$58.20 FY2021 Proc Code: CP Waiver W5880 (Dedicated 1:1) W5881 (Dedicated 2:1)	Hour	Dedicated 1:1 or 2:1 staffing within Community Living - Group Home supports.	<i>Teams may request authorization of dedicated staff hours when base rate hours do not meet the person's needs;</i> <ul style="list-style-type: none">- A copy of the schedule noting the base and dedicated hours currently authorized in the person's home should be submitted; AND- Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home. <i>The authorized hours are not limited to services provided inside the home and can support the person with community engagement, including for individualized transportation needs.</i> <i>Supporting documentation to demonstrate assessed need include:</i> <i>All 1:1 dedicated hours:</i> <ul style="list-style-type: none">- HRST documenting the need for 1:1 staffing,- SIS,- Behavioral Plan, and/or- Community integration goals	<i>Required documentation for Community Living-Group Home Support: Dedicated Hours includes the following:</i> <ul style="list-style-type: none">- Staff time sheets or payroll records documenting the start/end time of staff providing dedicated hours; AND- For each block of consecutive units of service, document service performed. <i>Dedicated hours (behavioral):</i> <ul style="list-style-type: none">- Providers may use the behavioral plan data tracking form to document services provided under dedicated hours associated with the behavioral plan outcomes.	Community Living—Group Home Dedicated Hours are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.

* Eligible for geographic rate differential.



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>If 1:1 dedicated hours are requested for medical needs:</i></p> <ul style="list-style-type: none">- <i>Dedicated hours must be recommended by an RN or BSS; AND</i>- <i>Authorization cannot exceed three (3) months but may be re-authorized in additional intervals of three (3) months.</i>- <i>Needs that may merit dedicated hours include but are not limited to fractures impacting mobility, post-operative and post-hospitalization recovery, chemotherapy, dialysis, transfers, turning, positioning, etc.</i>- <i>When dedicated hours are requested for mobility/ambulation, there must be documentation that DME and AT has been explored as an alternative to dedicated staff.</i>- <i>Dedicated hours may be authorized in lieu of day services when the person's health status is compromised by leaving the home or they are of retirement age.</i> <p><i>If 1:1 dedicated hours are requested for behavioral needs:</i></p> <ul style="list-style-type: none">- <i>Behavioral assessment and behavioral plan must specify the frequency, severity and duration of the</i>		



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>behavior(s) and need for dedicated staff;</i></p> <ul style="list-style-type: none"><i>- Recent (within 90 days) incident reports document the need for dedicated staff; AND</i><i>- Documentation that the least restrictive staffing options have been explored and cannot meet the person's needs.</i><i>- Dedicated hours CANNOT be authorized as an alternative to day habilitation if the person is of working age (as determined by Social Security guidelines) AND is refusing both employment AND CDS options.</i> <p><i>2:1 dedicated hours are time limited and may be authorized for a short-term transition period not to exceed 6 months and re-authorized for periods not to exceed 6 months. Documentation to support 2:1 dedicated hours includes:</i></p> <ul style="list-style-type: none"><i>- HRST, SIS, or Behavioral Plan documenting need for 2:1 staffing; AND</i><i>- A copy of the schedule noting the base and dedicated hours currently authorized in the person's home; when other people in the home have dedicated staffing, the regional office may request documentation to</i>		



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>determine if dedicated 2:1 staffing is necessary to ensure the health and safety of people living in the home. For example, if the 2:1 is requested to ensure the person doesn't harm others, and all roommates have 1:1 staffing, the 2:1 staff may not be necessary.</i></p> <p><i>Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to:</i></p> <ul style="list-style-type: none"><i>- The 2nd staff is needed to relieve the 1st staff.</i><i>- The 1st staff is responsible for implementing the BP, the 2nd staff is needed to ensure the safety and security of the environment, i.e. the person has PICA and puts non-edibles in his/her mouth.</i><i>- The person requires constant monitoring while in transport and the 2nd staff is needed to drive.</i><i>- The person needs 2:1 because of intensive physical support needed to prevent harm to self or others.</i> <p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's</i></p>		

RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant’s file.</i></p> <p><i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p>		
Community Living-Enhanced Supports Rate:* Based on number of people with Overnight Support: 1- \$877.38 2- \$680.15	Day This service is available beginning July 1, 2020.	Community Living-Enhanced Supports provide the participant, who exhibits challenging behaviors or have court ordered restrictions, with development and maintenance of skills related to activities of daily living, instrumental activities of daily living, socialization, and safety of self and others, by providing additional observation and direction in a community residential setting.	<p><i>Service Authorization requirements for Community Living-Enhanced Supports include the following:</i></p> <p><i>1. The person has critical support needs that cannot be met by other residential or in-home services and supports; and</i></p> <p><i>2. The person meets the following criteria:</i></p> <p><i>a) The person has (i) court ordered restrictions to community living; or (ii) demonstrated history of severe</i></p>	<p><i>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day.</i></p> <ul style="list-style-type: none"> <i>- Attendance log acknowledging that the person was in the home at least 6 hours; AND</i> <i>- Documented affirmation the service was provided as authorized by the PCP, i.e. daily service note.</i> 	Community Living-Enhanced Supports services are not available at the same time as the direct provision of Behavioral Support Services, Career Exploration, Community Development Services, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management,

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RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
3- \$582.83 4- \$537.80 FY2021 Proc Code: CP Waiver W5601 (Traditional) Trial Experience W5603		<p>The service include:</p> <ol style="list-style-type: none"> 1. Support for learning socially acceptable behavior; effective communication; self-direction and problem solving; engaging in safety practices; performing household chores in a safe and effective manner; performing self-care; and skills for employment; 2. Transportation to and from and within this service is included within the services; 3. Nurse Case Management and Delegation Services; and 4. Behavioral support services. <p>Services may be provided to no more than four (4) individuals (including the person) in one home unless approved by DDA.</p>	<p><i>behaviors requiring restrictions and the need for enhanced skills staff; and</i></p> <p><i>b) Community Living – Enhanced Support Services are the least restrictive environment to meet needs.</i></p> <p><i>Supporting documentation to demonstrate assessed need include:</i></p> <ul style="list-style-type: none"> - <i>Critical support needs that cannot be met by other less restrictive residential or in-home services and supports; OR</i> - <i>Court order restricting community living; OR</i> - <i>Documentation of severe behaviors requiring restrictions and the need for staff with enhanced training and skills.</i> <p><i>Person's base rate will be determined by 1:1 staffing ratios during awake hours and shared staffing overnight; Household size cannot exceed 4 people unless pre-authorized by DDA.</i></p> <p><i>Service Authorization requirements for Nurse Case Management and Delegation Services standalone support:</i></p> <ul style="list-style-type: none"> - <i>In the event that additional Nurse Case Management and Delegation training supports are needed as</i> 	<p><i>Required documentation for Community Living-Enhanced Supports includes the following:</i></p> <ul style="list-style-type: none"> - <i>Staff time sheets or payroll information documenting the provision of the base staffing hours specified for the home;</i> - <i>Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND</i> - <i>Documentation that staff meet all qualifications as required for this specific service and DDA.</i> 	Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>indicated in the HRST because of a change in the person's health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA's Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.</i></p> <p><i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.</i></p> <p><i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i></p>		

RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Community Living-Enhanced Supports: Dedicated Hours Rate:* 1:1- \$44.54 2:1- \$64.83 Proc Code: CP Waiver W5882 (Dedicated 1:1) W5883 (Dedicated 2:1)	Hour	Dedicated 1:1 or 2:1 staffing within Community Living-Enhanced Supports Teams may request authorization of dedicated staff hours when base rate hours do not meet the person's needs; authorized hours are not limited to services provided inside the home.	<i>Service Authorization requirements for Community Living- Enhanced Supports: Dedicated Hours include the following:</i> 1:1 dedicated hours: <ul style="list-style-type: none"> - Dedicated hours may be authorized for overnight staffing when documentation indicates base hours for overnight shared staffing is inadequate to prevent harm to self or others. 2:1 dedicated hours are time limited and may be authorized for no more than 90-day periods, with the intention of the person transitioning to 1:1 support, when: <ul style="list-style-type: none"> - Documentation indicates that the person is: <ul style="list-style-type: none"> o Unable to participate in meaningful day activities; AND o Has a need for 2:1 staffing as documented by the HRST, SIS, or BP. Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to: <ul style="list-style-type: none"> - The 2nd staff is needed to relieve the 1st staff. 	<i>Required documentation for Community Living-Enhanced Supports: Dedicated Hours includes the following:</i> <ul style="list-style-type: none"> - Staff time-sheets or payroll records documenting the start/end time of staff providing dedicated hours; AND - For each block of consecutive units of service, document how the service performed relates to the PCP service authorization, i.e. services note or behavioral plan data tracking form. 	Community Living—Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.

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RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<ul style="list-style-type: none">- The 1st staff is responsible for implementing the BP, the 2nd staff is needed to ensure the safety and security of the environment.- The person requires constant monitoring while in transport and the 2nd staff is needed to drive.- The person needs 2:1 because of intensive physical support needed to prevent harm to self or others.		
Residential Retainer Fee: Community Living-Group Home and Community Living - Enhanced Supports <u>Current Code</u> CP Waiver Retainer Fee W2121	Day FY 2021 Proc Code: CP Waiver W5604 (Community Living-Group Home) W5605 (Community Living -ES)	Retainer Fee is available for up to 30 days per year, per person, when the person is unable to receive services due to hospitalization, behavioral respite, or family visits.	<i>Service Authorization requirements for Residential Retainer Fee include the following:</i> <ul style="list-style-type: none">- 30 days are authorized annually for the provider of each person receiving Community Living-Group Home and - Enhanced Living;- Each time the person changes Community Living providers an additional 30 days of retainer services is authorized for the new provider; AND- This authorization is within the total number of days authorized for the service and will be made automatically available in LTSS. <i>Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but</i>	<i>Required documentation for Residential Retainer Fee: Community Living-Group Home and Community Living-Enhanced Support includes the following:</i> <ul style="list-style-type: none">- Attendance log documenting the person's absence due to hospitalization, behavioral respite or family visit.	Community Living—Group Home services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Day Habilitation, Employment Discovery and Customization, Employment Services, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, Supported Employment, Supported Living, or Transportation services.



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Community Living Group Home Rate: [*] Based on number of people with Overnight Support: 1- \$531.80 2- \$412.25 3- \$353.26 4- \$325.97 5- \$301.77 6- \$295.97 7- \$288.45 8- \$282.82 Rate: [†] Based on number of people with No Overnight Support: 1- \$293.71 2- \$246.76 3- \$231.11 4- \$223.28	Community Living Enhanced Supports Rate: [†] Based on number of people with Overnight Support: 1- \$877.38 2- \$680.15 3- \$582.83 4- \$537.80		<i>not limited to those offered by Maryland's State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Services, must be explored and exhausted to the extent applicable. These efforts must be documented in the participant's file.</i> <i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i>		

^{*} Eligible for geographic rate differential.

[illegible]

* Eligible for geographic rate differential.



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
2- \$412.25 3- \$353.26 4- \$325.97 5- \$301.77 6- \$295.97 7- \$288.45 8- \$282.82 CL-GH Rate:* Based on number of people with No Overnight Support: 1- \$293.71 2- \$246.76 3- \$231.11 4- \$223.28 5- \$218.59 6- \$215.46 7- \$213.22 8- \$211.54	Community Living Enhanced Supports Trial Experience Rate:* Based on number of people with Overnight Support: 1- \$877.38 2- \$680.15 3- \$582.83 4- \$537.80		<i>To the extent any listed services are covered under the Medicaid State Plan, the services under the waiver will be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</i>		

* Eligible for geographic rate differential.



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Supported Living Rate:* Based on number of people with Overnight Support: 1- \$531.80 2- \$412.25 3- \$353.26 4- \$325.97 Rate:* Based on number of people with No Overnight Support: 1- \$293.71 2- \$246.76 3- \$231.11 4- \$223.28	Day	<p>Supported Living services provide persons with a variety of individualized community living services to support living independently in the community in their own home.</p> <p>This residential service is for people living in a setting that is not owned or leased by a provider. The people living in the home or parent/guardian own or lease the home. Home size is limited to no more than 4 people.</p> <p>Nurse Case Management and Delegation Services and Transportation to and from and within this service is included within the service.</p>	<p><i>Service Authorization requirements for Supported Living include the following:</i></p> <p><i>1. Person chooses to live independently or with roommates; and 2. This residential model is the most cost-effective service to meet the person's needs.</i></p> <p><i>If the person is living in their own, or a family home:</i></p> <ul style="list-style-type: none"> <i>- Documentation that CFC and personal supports have been explored and are insufficient to meet the person's needs; AND</i> <i>- Documentation that the person's health and welfare is jeopardized in their current living situation.</i> <i>- Documentation that less restrictive living options have been explored and cannot meet the person's needs.</i> <p><i>Providers may request authorization to NOT staff a supported living home overnight. If authorized to NOT staff a supported living home, the costs of overnight direct staff are "turned off" or removed from the base rate. Requests to "turn off" overnight direct staff must be reviewed and may be approved by the regional office if ALL conditions are met:</i></p>	<p><i>To bill the day rate, the person must be in the home overnight or for a minimum of 6 hours during the day.</i></p> <ul style="list-style-type: none"> <i>- Attendance log acknowledging that the person was in the home at least 6 hours; AND</i> <i>- Documented affirmation the service was provided; examples include but are not limited to: MAR, service notes, etc.</i> <p><i>Required documentation for Supported Living includes the following:</i></p> <ul style="list-style-type: none"> <i>- Staff time sheets or payroll information documenting the provision of the base staffing hours specified for the home;</i> <i>- Service documentation (i.e. MAR, service notes, etc.) and have available upon request; AND</i> <i>- Documentation that staff meet all qualifications as required for this specific service and DDA.</i> 	Supported Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, or Supported Employment services.



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
Proc Code: CP Waiver W5620 (Traditional) W5621 (SD)			<ul style="list-style-type: none">- All people living in the home acknowledge they do not want to receive overnight supports;- The provider acknowledges that overnight direct staff are not necessary to ensure the health and safety of people living in the home;- HRST for every person living in the home documents that each person can self-administer medication, toilet, and ambulate; AND- Documentation of a fire drill completed at night (after 10 P.M.) within the previous 365 days confirms that every person living in the house was able to evacuate timely without assistance.- When Remote Support Services (RSS) is used as an alternative to overnight direct staffing, the RSS service authorization requirements must also be met. <p>The regional office may exercise discretion in determining whether there is a safety risk associated with not providing overnight direct staff and has the authority to deny requests to “turn off” overnight base staffing.</p>		



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<i>Service Authorization requirements for Nurse Case Management and Delegation Services standalone support:</i> <ul style="list-style-type: none">- <i>In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the person's health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA's Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.</i>		
Supported Living: Dedicated Hours Rate:* 1:1- \$39.99 2:1- \$72.88	Hour	Dedicated 1:1 or 2:1 staffing within Supported Living Teams may request authorization of dedicated staff hours when base rate hours do not meet the person's needs; authorized hours are not limited to services provided inside the home.	<i>Teams may request authorization of dedicated staff hours when base rate hours do not meet the person's needs:</i> <ul style="list-style-type: none">- <i>A copy of the schedule noting the base and dedicated hours currently authorized in the person's home should be submitted; AND</i>- <i>Dedicated 1:1 hours max out when the house reaches 1:1 support for each person living in the home.</i>	<i>Required documentation for Supported Living: Dedicated Hours includes the following:</i> <i>All Dedicated hours</i> <ul style="list-style-type: none">- <i>Staff time sheets or payroll records documenting the start/end time of staff providing dedicated hours; AND</i>	Supported Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment

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RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
<p>Proc Code: CP Waiver 1:1 W5884 (Traditional) W5900 (SD)</p> <p>CP Waiver 2:1 W5885 (Traditional) W5901 (SD)</p>			<p><i>The authorized hours are not limited to services provided inside the home and can support the person with community engagement.</i></p> <p><i>Supporting documentation to demonstrate assessed need include:</i></p> <p><i>Supporting documentation to demonstrate assessed need include:</i></p> <p>All 1:1 dedicated hours:</p> <ul style="list-style-type: none">- HRST documenting the need for 1:1 staffing,- SIS,- Behavioral Plan, and/or- Community integration goals <p>If 1:1 dedicated hours are requested for medical needs:</p> <ul style="list-style-type: none">- Dedicated hours must be recommended by an RN or BSS; AND- Authorization cannot exceed 3 months but may be re-authorized in additional intervals of 3 months.- Needs that may merit dedicated hours include but are not limited to fractures impacting mobility, post-operative and post-hospitalization recovery, chemotherapy, dialysis, transfers, turning, positioning, etc.	<ul style="list-style-type: none">- For each block of consecutive units of service, document how the service performed relates to the PCP service authorization. <p>Dedicated hours (behavioral):</p> <ul style="list-style-type: none">- Providers may use the behavioral plan data tracking form to document services provided under dedicated hours associated with the behavioral plan outcomes.	Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Shared Living, or Supported Employment services.



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<ul style="list-style-type: none">- When dedicated hours are requested for mobility/ambulation, there must be documentation that DME has been explored as an alternative to dedicated staff.- Dedicated hours may be authorized in lieu of day services when the person's health status is compromised by leaving the home or they are of retirement age. <p>If 1:1 dedicated hours are requested for behavioral needs:</p> <ul style="list-style-type: none">- Behavioral assessment and behavioral plan must specify the frequency, severity and duration of the behavior(s) and need for dedicated staff;- Recent (within 90 days) incident reports document the need for dedicated staff; AND- Documentation that the least restrictive staffing options have been explored and cannot meet the person's needs.- Dedicated hours CANNOT be authorized as an alternative to day habilitation if the person is of working age (as determined by Social Security guidelines) AND is refusing both employment AND CDS options.		



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>2:1 dedicated hours are time limited and may be authorized for a short-term transition period not to exceed 6 months and re-authorized for periods not to exceed 6 months. Documentation to support 2:1 dedicated hours includes:</i></p> <ul style="list-style-type: none"><i>- HRST, SIS, or BP documenting need for 2:1 staffing; AND</i><i>- A copy of the schedule noting the base and dedicated hours currently authorized in the person's home; when other people in the home have dedicated staffing, the regional office may request documentation to determine if dedicated 2:1 staffing is necessary to ensure the health and safety of people living in the home. For example, if the 2:1 is requested to ensure the person doesn't harm others, and all roommates have 1:1 staffing, the 2:1 staff may not be necessary.</i> <p><i>Examples of situation that may indicate the need for 2:1 dedicated hours include, but are not limited to:</i></p> <ul style="list-style-type: none"><i>- The 2nd staff is needed to relieve the 1st staff.</i><i>- The 1st staff is responsible for implementing the BSP, the 2nd staff is</i>		



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<p><i>needed to ensure the safety and security of the environment, i.e. the person has PICA and puts non-edibles in his/her mouth.</i></p> <ul style="list-style-type: none"> <i>- The person requires constant monitoring while in transport and the 2nd staff is needed to drive.</i> <i>- The person needs 2:1 because of intensive physical support needed to prevent harm to self or others.</i> 		
Shared Living <u>Current Code</u> CP Waiver W2123 (Traditional) Rate:* Level 1- \$3,076.86 Level 2- \$3,528.41 Level 3- \$4,210.23	Monthly	<p>Shared Living is an arrangement in which an individual, couple or a family in the community share their home and life's experiences with a person with a disability. The approach is based on a mutual relationship where both parties agree to share their lives.</p> <p>Services include:</p> <ol style="list-style-type: none"> Assistance, support, and guidance (e.g., physical assistance, instruction, prompting, modeling, and reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and 	<p><i>Service Authorization requirements for Shared Living include the following criteria:</i></p> <ol style="list-style-type: none"> <i>1. Person does not have family or relative supports; and</i> <i>2. Person chooses this living option.</i> <p><i>Beginning July 1, 2020, level of support is based upon service needs as follows:</i></p> <ul style="list-style-type: none"> <i>- Level 1 Basic: Person does not require continuous supervision and monitoring.</i> <i>- Level 2 Intermediate: Person requires increased supervision and monitoring.</i> <i>- Level 3 Advanced: Person requires continuous supervision and monitoring including designated 1:1 assistance for more than two hours</i> 	<p><i>Required documentation for Shared Living includes the following:</i></p> <p><i>Progress note signed by agency staff to indicate the date of face to face monitoring and findings; AND</i></p> <ul style="list-style-type: none"> <i>- Monthly invoice signed and dated by the host home provider to include dates host home services were provided.</i> <p><i>Providers are required to retain staff time sheets or payroll information documenting staffing for the provision of waiver services.</i></p>	<p>Shared Living services are not available at the same time as the direct provision of Career Exploration, Community Development Services, Community Living-Enhanced Supports, Community Living-Group Homes, Day Habilitation, Employment Discovery and Customization, Employment Services, Live-in Caregiver Supports, Medical Day Care, Nurse Consultation, Nurse Health Case Management, Personal Supports, Respite Care Services, Supported Living, Supported Employment or Transportation services.</p>

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RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
FY2021 Proc Code: CP Waiver Level 1 W5611 Level 2 W 5892 Level 3 W5893		<p>transportation, relationship development and socialization, personal adjustment, participating in community functions and activities, and use of community resources;</p> <p>2. Nurse Case Management and Delegation Services; and</p> <p>3. Transportation.</p> <p><i>Transportation is included in the cost of Shared Living and may not be billed as a separate service, unless the person wants to access their community independently.</i></p>	<p><i>daily to mitigate behavioral risk or provide medical supports.</i></p> <p><i>Examples of situation that may indicate the need for increased or continuous supervision and monitoring</i></p> <ul style="list-style-type: none">- <i>The person needs assistance for mobility.</i>- <i>The person needs an increase level of support for ADLs.</i>- <i>The person has a behavioral plan.</i>- <i>The person is unable to recognize and avoid dangerous situation and cannot independently evacuate premises in case of fire, emergencies, etc. therefore, requires prompting to evacuate.</i> <p><i>For level 3, the person:</i></p> <ul style="list-style-type: none">- <i>Has a HRST score of 5 with a Q indicator that is not related to behavior support;</i>- <i>Requires maximum assistance for mobility support and gets around in a wheelchair or needs adaptive equipment for ambulation;</i>- <i>Requires maximum assistance for frequent medical appointments, medications, and specialist or health intervention for health and safety.</i>		<p>Shared Living services are not available to participants receiving support services in other residential models including Community Living-Group Homes, Community Living-Enhanced Supports, and Supported Living service.</p>



RESIDENTIAL SERVICES					
Service Name	Unit	Service Description	Instructions for Authorizing Services	Provider Billing Documentation Guidelines	Conflicts
			<ul style="list-style-type: none">- Requires maximum assistance to complete activities of daily living and may display severe challenging behaviors that require a behavior plan.- Is not able to recognize and avoid dangerous situation and need maximum assistance to evacuate premises in case of fire, emergencies, etc. therefore, requires prompting to evacuate. <p>Service Authorization requirements for Nurse Case Management and Delegation Services standalone support:</p> <ul style="list-style-type: none">- In the event that additional Nurse Case Management and Delegation training supports are needed as indicated in the HRST because of a change in the person's health status or after discharge from a hospital or skilled nursing facility, the request is reviewed by DDA's Regional Office and additional standalone Nurse Case Management and Delegation Service support service hours can be authorized.		